Bleeding Disorder/Hematology Information
(To be completed by Bleeding Disorder Campers only)

Last name **First Name** **Middle Initial** **Date of Birth**

What is your child's bleeding disorder? _____Severity_____

Is your child on Home Prophylaxis (preventative) treatment? Yes_____ No_____

If yes, Product_____ How often?_____

Date of last infusion_____

Has your child ever had a reaction to any Product? Yes_____ No_____

If yes, what was the reaction?_____

Frequency of Bleeds_____ Spontaneous?? _____ Result of injuries?_____

Most common bleeding site?_____

Is your child able to self infuse? Yes_____ No_____

Does your child have a port-a-cath? Yes_____ No_____

Does your child use Emla cream? Yes_____ No_____

Physical Therapy: Is your child currently receiving physiotherapy? Yes__ No__

If yes, explain _____

If not on prophylaxis, what does your child require in the case of bleeding??_____

Dose_____

Has he/she ever required Cyklokapron for nose/mouth bleeds? Yes_____ No_____

Each camper must bring <u>all factor concentrate, supplies, and medications</u> that they will require at camp.

Please be advised that the hemophilia nurse will use this time during camp to educate your child on his/her medical condition and encourage them to learn self infusion if appropriate.