



# While We're Away – Information for Temporary Caregivers

Child's Name	
Date of Birth	
Parents	
Dad's Cell	
Mom's Cell	

Where We'll Be	
Address	
Phone	

CRITICAL MEDICAL INFORMATION	
Current Weight	
Known Allergies	
Bleeding Disorder Diagnosis	
Other Diagnoses (if applicable)	
Current Medications	

DOCTORS / HOSPITALS	
Pediatrician	
Address	
Phone	
Hematologist	
HTC Nurse	
Hospital Affiliation	
Address	
Daytime Phone	
After Hours Phone	
Closest Hospital (if different than above)	
Address	

HEALTH INSURANCE	
Provider (Insurance Co. Name)	
Group Number	
Member ID #	
Primary Insured	
Insurance Co. Address	
Insurance Co. Phone	

MEDICATIONS	
Factor & Supplies Are Located	
"To Go" Bag is Located	
Usual Dosage for Bleeding Episode	
Routine (prophylaxis) dosage and schedule	
Has a Port/Uses Veins	

FOR BACK-UP HELP, YOU CAN CALL	
Name	
Relationship	
Address	
Phone	

**Call us immediately if you suspect that our child is hurt. This is critical if there is any real or suspected head injury.**

In the unlikely event that you cannot reach us, call his Hematologist or HTC Nurse. Questions they are likely to ask:

Child's Name / Age / Diagnosis	Info above
Tell me about the suspected bleed	Where is it? What are the symptoms? When did you notice symptoms? Do you know of anything that might have caused the symptoms?
When did he last receive factor and what was the dose?	

**IF A TRIP TO THE EMERGENCY ROOM IS RECOMMENDED, TAKE HIS FACTOR AND "TO GO" BAG WITH YOU**