Information for my child's school about my cancer diagnosis

Name: _____

I'm the parent/guardian of:
_____

The following information is for the attention of:
_____

Can the recipient of this form share this information with other members of the staff?

☐ Yes / ☐ No

I have been diagnosed with cancer and the treatment is expected to :

Start on: _____ End on_____

I've given my child the following information:

_____

_____

_____

These are the words I have used to explain my cancer diagnosis with my child:

_____

_____

_____

Le Centre de bien-être de l'Ouest-de-l'Île pour personnes atteintes de cancer
West Island Cancer Wellness Centre

115 rue Du Barry, Kirkland (Québec) H9H 0C4
T 514 695-9355 F 514 695-9315 info@wicwc.org

BN 85521 2221 RR0001

I avoid using these words with my child:

_____

_____

_____

I have not addressed these topics with my child yet:

_____

_____

_____

Suggested ways to comfort my child:

_____

_____

_____

What the school could do to help support my child (i.e.: help with homework, extra emotional support, help preparing for exams, etc.):

_____

_____

_____

I would like:

☐ To be informed if my child's behavior changes.

☐ To have weekly update on my child's behavior, schoolwork, and wellbeing.

☐ To have my child referred to support services.

Signature of parent/guardian: _____

Date: _____ Contact number: _____