I have, or had, a brain tumour here:

(draw where the tumour is, if known)

My type of brain tumour is called/

I call it:

 (include grade, if known)

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|  |

# It is OK to ask me about this ☐

# Please don’t ask me about this ☐

(I find it tricky to talk about)

# My friends who know about this are:

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|  |

*I come to school on these days/at these times:*

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|  |

*I need to take medicines at these times:*

(and who can give them to me, if I can’t take them myself)

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*I need help with:*

(please also see my Educational Support Strategy – quick reference sheet)

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*I am good at:*

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*It is ordinary for me to:*

(e.g. put my head down for a rest, go to the toilet often, eat/drink during lessons)

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*You will know if I am becoming unwell and need help, if:*

(what to look out for, when to contact school nurse/responsible staff member or follow school’s medical emergency procedure)

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|  |

*My key worker’s name is:*



This card should be filled in by the young person (and/or their parent) and kept on the young person to show the relevant teacher(s), or kept by the teacher.
Fold along the grey lines so it can fit into a wallet, pocket or purse.



If found, please give to a teacher
or hand in to the school office

Information card

**

# For information about brain tumours:

The Brain Tumour Charity

thebraintumourcharity.org

0808 800 0004 or support@thebraintumourcharity.org