

SCHOOL COMMUNICATION FORM

Information for my child's school

The following information is intended for:

- Teachers Counselors Nurse
 Aides Office Staff Other _____

I am the parent/guardian of: _____

In grade: _____ Teacher: _____

My child's _____ has been diagnosed with cancer and I wish to use this letter to inform the school.

My child and I would also like the following members of staff to know:

I **WOULD** **WOULD NOT** like this information to be shared with other members of staff.

My child's loved one will be having the following treatment:

- Surgery Hormone Therapy
 Chemotherapy Other Cancer Therapies
 Radiation Treatment is due to start: _____

Name: _____ Signed: _____

My contact phone number is: _____

If I am unavailable, please contact:

Name: _____ Phone: _____

Note to staff:

A child who has a loved one diagnosed with cancer may need extra support. They can be under considerable emotional stress. This may affect their school work as well as their mental well-being.

Angel Pack™

This form is a part of the Angel Pack kit for children ages 4–18.
Angel Packs are filled with tools to help families discuss cancer in an age-appropriate and comforting way.
Angel Packs are meant to assure families impacted by cancer they are not alone.

For more information about Angel Packs, please visit www.mnangel.org.

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