



**Care Plan for School Age Children
with Barth Syndrome**

Child's Name: _____

Date of Birth: _____

Grade: _____ Section: _____

Teacher's name: _____

Contact Information:

Mother's name

Father's Name

Street Address

City

State/Province

Zip/Mailing Code

Home telephone

Mother's Work

Mother's Mobile

Father's Work

Father's Mobile

Other resources of communication with Parents:

Email address #1

Email address #2

Authorized Emergency Contacts:

Alternate Contact #1 Name

Relation to child

Telephone Number

Alternate Contact #2 Name

Relation to child

Telephone Number

Alternate Contact #3 Name

Relation to child

Telephone Number

Emergency Response Information:

Emergency Response
Such as Medic Alert

ID Number

Telephone Number

Physician Information:

Pediatrician:

Name Telephone Number

Street Address

City State/Province Mailing Code

Pediatric Cardiologist:

Name Telephone Number

Street Address

City State/Province Mailing Code

Hospital of Choice:

Name of Hospital Telephone Number

Street Address

City State/Province Mailing Code

List of Medications:

Name of drug mg Dosage Time to be taken

Name of drug mg Dosage Time to be taken

Name of drug mg Dosage Time to be taken