



**JUVENILE RHEUMATOID ARTHRITIS
HEALTH MANAGEMENT PLAN**

School Year: _____

STUDENT NAME: _____ DOB: _____

SCHOOL: _____ STUDENT ID: _____

CONTACTS:

MOTHER:	FATHER:
HOME:	HOME:
WORK:	WORK:
CELL:	CELL:

EMERGENCY CONTACTS:

Name:	Phone:
Name:	Phone:
PHYSICIAN:	PHONE:
HOSPITAL PREFERENCE:	

DEFINITION: Inflammatory disorder of joints, connective tissue, & internal organs, usually chronic with remissions and flare-ups. Type: Polyarticular Pauciarticular Systemic

POSSIBLE SYMPTOMS:

- joint heat	- joint pain	- joint swelling
- rash	- swollen lymph nodes	- fever
		- eye symptoms

STUDENT HISTORY/MEDICATIONS:

MANAGEMENT:

Mobility /Use of adaptive equipment: _____

Bathroom/classroom access: wheelchair accessible bathroom extra time to get to class

special seating in class other: _____

Comfort Measures: _____

Assistance needed in evacuation: _____

CALL PARENT IF: Pain unrelieved by comfort measures. Fever, rash, eye symptoms present.

TRANSPORTATION PLAN/ADAPTATIONS: May have needs for adaptations due to reduced mobility during flare ups.

Copy of this plan has been provided to Transportation Supervisor Yes No

Parent Signature

Date

County School Nurse Signature

Date