



**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.

School Clinic: Copy of this plan should be provided to Transportation Supervisor

Parent Signature Date County School Nurse Signature Date