

Kids Get Arthritis, Too!



GENERAL SCHOOL COMMUNICATION SHEET

Date: _____

Student's Name: _____

Grade/Teacher/Homeroom: _____

This student has juvenile idiopathic arthritis, a chronic autoimmune condition characterized by painful, swollen joints. The attached brochure, *Juvenile Arthritis: A Teacher's Guide*, will provide you with more information about this condition.

Current medication(s) and dosage(s): _____

Implications of arthritis in the school setting: _____

If you have any questions or concerns, please call: _____

Physician's signature: _____ Office phone: _____

Office address: _____

Contact person (if other than physician):

Name: _____

Phone: _____

Parent's signature to release information to school:

Parent Name: _____

Signature: _____ Date: _____