

Individual Health Care Plan



**Musculoskeletal
Health Australia**
Knowledge. Choice. Connection.

STUDENT DETAILS



Name

Date of birth / /

Current year level

Please attach a recent photo of your child to this document.

SCHOOL CONTACT INFORMATION

First school contact person

Second school contact person

Other relevant staff

FAMILY CONTACT INFORMATION

CONTACT ONE

Name

Relationship Home phone ()

Mobile phone Work phone ()

Email

FAMILY CONTACT INFORMATION

CONTACT TWO

Name

Relationship Home phone ()

Mobile phone Work phone ()

Email

MEDICAL CONTACT INFORMATION

GP

Specialist

Specialist nurse contact

Allied health contact eg: physio/occupational therapist

Please attach additional page if required

STUDENT'S HEALTH NEEDS

Condition

Main issues

JIA MANAGEMENT

The student's usual JIA symptoms / symptoms during a flare may include:

- | | | |
|--|---|--|
| <input type="checkbox"/> Joint stiffness
<i>(especially in the morning)</i> | <input type="checkbox"/> Joint pain, swelling
and tenderness | <input type="checkbox"/> Redness and/or
warmth in joint/s |
| <input type="checkbox"/> Limping when in
pain | <input type="checkbox"/> Eye redness or
eye pain | <input type="checkbox"/> Loss of appetite/
weight |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Rash | <input type="checkbox"/> Problems with
balance |
| <input type="checkbox"/> Fatigue
<input type="checkbox"/> Physical fatigue
<input type="checkbox"/> Mental fatigue | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Irritability |
- ☐ Joints usually affected include
- ☐ Other (please specify)

MEDICATION

Does your child currently take any medications? ☐ Yes ☐ No

Is your child likely to require medication at school? ☐ Yes ☐ No

If yes, please detail below and make sure the medication is supplied to staff as needed:

Name of medication	Dose and route of administration	Time required
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPACT ON STUDENT'S LEARNING

How is your child's condition likely to affect their learning?

- | | |
|--|---|
| <input type="checkbox"/> Difficulty holding pens | <input type="checkbox"/> Difficulty writing fast |
| <input type="checkbox"/> Difficulty opening things
<i>E.g. laptop, packets</i> | <input type="checkbox"/> Difficulty carrying items to class
<i>E.g. books, bags</i> |
| <input type="checkbox"/> Difficulty staying in one
position (e.g. sitting) for
prolonged periods of time | <input type="checkbox"/> Being absent from school
due to illness or hospital
appointments |
| <input type="checkbox"/> Difficulty concentrating due to pain, fatigue, discomfort | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Difficulty raising hand to ask a question

☐ Yes ☐ No

Pain and/or fatigue at the end of the day affecting homework

☐ Yes ☐ No

Does your child require any further professional assessment to aid learning?
E.g. occupational therapist who can provide classroom aids, devices, splints etc.

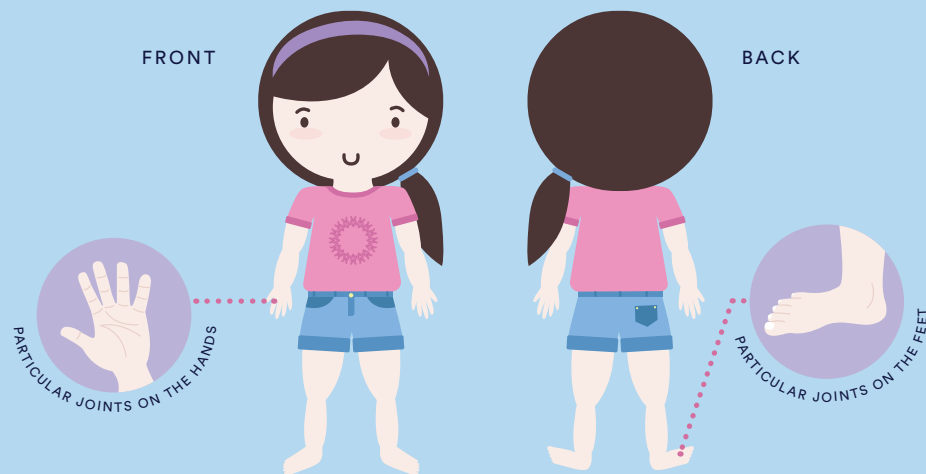
☐ Yes ☐ No

If yes, please specify:

PHYSICAL ACTIVITY

Are there any restrictions/limitations in movement? ☐ Yes ☐ No

If yes, which joints are affected by limited movement? Please list
OR circle on the diagram below.



Has your child's treatment team recommended that any movements or activities be avoided or done with care? *E.g. avoid sitting cross legged.*

☐ Yes ☐ No ☐ Not at this stage

If yes, please specify:

Does the student have any specific concerns with physical activity?

E.g. are they worried about being knocked over?

☐ Yes ☐ No ☐ Not at this stage

If yes, please specify:

PHYSICAL ACTIVITY

Does the student require extra time or different equipment to be used?

☐ Yes ☐ No ☐ Not at this stage

If yes, please specify:

What special consideration needs to be made regarding sports carnival, cross country, swimming carnival etc?

SOCIAL AND EMOTIONAL NEEDS

Is this child likely to ask for help when needed? ☐ Yes ☐ No

Would this child benefit from a 'buddy' to help carry belongings etc.?

☐ Yes ☐ No

Is this child receiving additional emotional support from a psychologist?

☐ Yes ☐ No

Please specify any social/emotional needs that you feel should be acknowledged

SCHOOL ENVIRONMENT

What issues may arise from the school environment?

E.g.: stairs, seating, writing, laptops, bathroom, taps etc

SCHOOL ENVIRONMENT

What changes can the school make to deal with these issues?

What outside agencies may be of assistance?

IMMUNE SUPPRESSION

Many children with JIA will be on some form of medication that suppresses the immune system. This means that they're both more susceptible to picking up infections and more likely to suffer from complications if they do.

Who is the staff member responsible for notifying parents of any communicable disease in the school?

CAMPS AND EXCURSIONS

What arrangements need to be made?

Who is responsible for these?

CAMPS AND EXCURSIONS

Will medication need to be taken? ☐ Yes ☐ No

If so, does it need refrigeration or special storage?

Will specialised equipment be needed? ☐ Yes ☐ No

Who will be responsible for the student on the trip?

What is the plan should the student need to come home/leave early?

Did any issues arise on camp that need following up?

SIGNATURES

Student

x

Healthcare professional

x

Parent/carer

x

School representative

x

Parent/carer

x

School nurse

x

