This letter template is designed to be printed on hospital headed paper from the relevant clinician and sent to a child or young person's school (either directly or via the family).

Information to update is highlighted in yellow. Delete this instruction section from the template before printing.

[DATE]

Re: Name of child or young person DOB: xx/xx/xxxx

Diagnosis/active problem list:

- Juvenile Idiopathic Arthritis
- Any other diagnosis e.g. uveitis episodes, hypermobility, generalised muscle weakness
- Or any other joints affected that may need specific support eg. TMJ arthritis

Current medications:

- Methotrexate 15mg, weekly / Include whether by mouth or injection, and when administered (time of day)
- Folic acid 5mg, weekly
- Ondansetron, 5ml, weekly

To whom it may concern;

I am writing to confirm that the above-named child/young person has a condition known as Juvenile Idiopathic Arthritis (JIA).

Juvenile Idiopathic Arthritis (JIA) is an inflammatory autoimmune condition predominantly affecting the joints, although it can also affect other body systems such as the eyes (uveitis) . JIA is a relapsing and remitting condition where episodes of inflammation (flares) are often unheralded and can be severe. Inflammation in the joints (arthritis) causes pain, stiffness (particularly in the morning and after periods without movement), swelling, and restriction of joint movement, with associated significant disability. The treatment of JIA has improved immeasurably over the last decade, meaning that most children or young people with JIA can live a full life and participate in all school activities. However, even when children and young people are on therapy, there can still be episodes of inflammation or flares. It is not always clear what triggers flares to start, but they mean that people with JIA can appear to be well one day and unwell the next day with no warning.

Flares may affect people's ability to complete activities of daily living, leisure or educational activities and can last a few days or a few weeks.

We encourage all children and young people with JIA to participate in physical activities such as Physical Education at school, as this helps with muscle strength and joint stability. JIA can be accompanied by muscle weakness particularly after prolonged flares after which a graded return to exercise will be needed. JIA can also be accompanied by fatigue which can also make it difficult to concentrate. There may be times that they may need to sit out of activities during a flare or have activities adjusted to be able to join in. They may at times need longer to get changed for PE. Warm-ups and time for stretching after exercise are also helpful. However, it is important that children/young people remain included in the class activities when at all possible.

We also encourage all children and young people with JIA to take part in school trips and extra-curricular activities with their peers as much as possible as this is vital for their development.

Supportive footwear is important particularly when the ankle and knee joints are involved in order to maximise mobility. We would therefore recommend shoes such as trainers, even if these are not part of the normal school uniform requirements.

Children and young people on certain treatments for JIA are considered to be immunosuppressed meaning that they may be prone to developing severe infections and it may take them longer to fight off common childhood illnesses. As always, good hygiene practices are helpful to encourage.

Schools and education settings can help support a child/young person with JIA with small reasonable adjustments, if needed, such as:

- Providing a lift pass when necessary for times when the child or young person needs it.
- Providing 2 copies of text books so that one set can be used in school and one set left at home.
- Allowing movement between classrooms a few minutes before the start and end of lessons to avoid crowds.
- Permitting movement breaks during lessons.
- Allowing a student to sit on a chair rather than the floor if that is more comfortable for them e.g. in assembly or at other times.
- Support younger children in reapplying sun cream through the day if needed as some medications can cause skin to burn more easily.
- Understanding that students with JIA will need time off school for essential medical appointments, as well as due to their condition, side-effects of medication or fatigue.
- Draw up an Individual Healthcare Plan (IHP) with the child/young person and their family with regular reviews (a template is available from www.jarproject.org/schools)

An individual child or young person may not need all of the above, but it is useful if school can be aware that these things may be helpful where needed.

In summary, JIA is a complex condition that affects the musculoskeletal system and this can have a significant impact on mobility and other aspects of life.

If you have any questions or concerns, please don't hesitate to contact us in writing at the above address.

Sincerely,

Doctor/Consultant signature and name

Details of other contacts in the team, such as a nursing contact for advice regarding medication, OT for accessibility, physiotherapist for advice re PE etc.

Further information for schools can be found at: www.jarproject.org/schools