INFLAMMATORY BOWEL DISEASE 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 bowel disease includes Crohn's disease and ulcerative colitis. Crohn's disease can affect any part of the digestive tract and ulcerative colitis affects the large bowel. Both cause the bowel to become inflamed and may cause ulcerations in the bowel. Episodes of flare ups and remission may occur.**

POSSIBLE SYMPTOMS:

- **fever**
- **persistent loose, watery, frequent diarrhea**
- **crampy abdominal pain**
- **constipation**
- **rectal bleeding**
- **decreased appetite / weight loss**

BRIEF STUDENT HISTORY / MEDICATIONS:

MANAGEMENT:

- liberal bathroom privileges
- access to a private bathroom
- ostomy care : _____ ☐ none
- dietary considerations: _____ ☐ none

CALL PARENT IF:

- change in bathroom habits (soiling or increased frequency)
- fever
- severe abdominal pain
- other: _____

CALL 911 IF:

- intolerable pain
- uncontrolled bleeding
- change in level of consciousness

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

_____ _____

Parent Signature Date County School Nurse Signature Date

Confidentiality must be upheld when talking to other parents or outside persons. Information about students and family is strictly confidential.

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