**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact in the event parent cannot be reached: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Congenital Adrenal Hyperplasia: Adrenal Crisis**

 An Adrenal crisis is a sudden, life threatening state caused by not enough cortisol when the body is stressed due to illness or injury.

|  |  |
| --- | --- |
| **The following symptoms may mean the child is having Adrenal Crisis. If you see these:** | **Do these:** |
| * Unusual tiredness and weakness
* Unable to arouse; unconscious
* Cold and clammy skin
* Confusion
* Dizziness when standing up; cannot stand and walk
* Pale and sweaty
* Vomits more than twice
* Unable to take fluids by mouth
* Blue skin color
* Nausea, vomiting, diarrhea, loss of appetite, stomach ache
 | * Administer / Have student administer Solu-Cortef as directed on ***Medication Authorization Form.***
1. \_\_\_\_ School nurse or designated medication administrator ONLY may administer Solu-Cortef if needed.
2. \_\_\_\_ **Other** medications: Name, dose, administering instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Keep student still and calm/ or have an adult remain with student.
* **Call 911** and have student transported for further emergency care to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Notify** parent or emergency contact.
 |

**Additional Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Phone# Date

**FOR SCHOOL USE ONLY**

School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Plan reviewed with \_\_\_\_\_\_\_\_\_\_\_\_\_, teachers \_\_\_\_\_\_\_\_\_,TA \_\_\_\_\_\_\_\_, bus driver\_\_\_\_\_\_\_ Special area teachers, \_\_\_\_\_\_\_\_\_\_\_\_\_ First Responders**

**Parental Permission and Release of Medical Information:**

* As parent/guardian of above student, I consent for the employees of Huntingdon Area School District to follow the plan and use the designated medications on my child in accordance with the instructions above.
* I understand that I am to provide the school with medication and signed authorization form, supplies, etc. to follow the plan.
* I understand that this plan will be shared to all those who need to know (all student’s teachers/office personnel/ bus driver/ emergency responder, etc) unless written objection is stated on this form
* I hereby acknowledge that I have read, understand, and support the Emergency Health Plan.

**Release of Medical Information**

* I hereby authorize my child’s health care provider to release to the school nurse, principal, or other authorized school personnel, specific confidential medical information contained in my child’s record regarding his/her medical condition. Only school staff delivering health care services to my child in school will use this information.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Signature Date