

Southern Regional School District

Ocean County, NJ

HYDROCORTISONE SODIUM SUCCINATE-EMERGENCY ACTION PLAN AND MEDICATION PERMISSION FORM

Student's Name: _____ DOB: _____ Grade: _____

Dear Parent/Guardian,

You have informed the school nurse that your child experiences adrenal insufficiency. In cooperation with your child's health care provider, please complete the following information below and return it to the school nurse. *This form is only valid for the current school year.*

Parent/Guardian: _____ Cell phone: _____ Work phone: _____

Parent/Guardian 2: _____ Cell phone: _____ Work phone: _____

Pediatrician: _____ Phone number: _____

Endocrinologist: _____ Phone number: _____

I consent to the release of information contained in this plan to all staff members who have responsibility for my child and who may need to know this information to maintain my child's health and safety. In the event of a school sponsored activity or function, I will contact the school nurse in advance to discuss suitable accommodations or arrange for a nurse or trained delegate.

Parent/Guardian Signature

Date

Health Care Provider Specific Instructions (check all that apply)

- ☐ If there are questions, the parent or guardian should be called. If additional information is needed, the parent or school nurse should contact the endocrine office.
- ☐ Stress dose that needs to be given during illness or injury: _____
- ☐ Cortisol Injection that needs to be given when vomiting, unconscious in an emergency: _____
- ☐ During emergency situations the school should call 911; if available have trained personnel give the cortisol injection.

Health Care Provider: The student is capable of and has been instructed in the proper self-administration of medication.

- ☐ Yes
- ☐ No

Health Care Provider Signature/Stamp

Date

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Student's Name: _____ DOB: _____ Grade: _____

The above student experiences Adrenal Insufficiency. The body does not produce the essential life-sustaining hormones cortisol and aldosterone, which are vital for maintaining blood pressure, normal metabolism, and normal blood sugar. During stress he/she will need extra cortisol medication (stress dose). If the student is unable to take cortisol by mouth the medication will have to be given by injection.

Stress includes:

- Fever
- Vomiting or illness
- Trauma (broken bone or bleeding)

Stress dose by mouth: _____ (Administered by school nurse)

Examples of when an injection needs to be given:

- Repeated vomiting or diarrhea
- Unconsciousness
- Serious injury (broken bone or surgery)

Stress dose Intramuscular: _____ (Nurse or trained delegate)

SIGNS AND SYMPTOMS OF ADRENAL CRISIS

Headache	Low back pain or leg pain	Loss of appetite	Lethargy-cannot say awake, trouble focusing confusion
Stomachache	Muscle weakness or cramping	Red cheeks (not attributed with activity)	Dizziness or lightheadedness
Nausea, vomiting, diarrhea	Fever >100° F	Dark rings under eyes	Changes in emotional behaviors-upset, angry or fearful

Location of student's emergency medication in school _____
(Medication should be in a secure but unlocked location)

Treatment: In the absence of the school nurse, the delegate will administer the medication. District administration should be notified as well as the student's parents/guardians. Transportation to the hospital emergency room via emergency services is indicated after administration of hydrocortisone sodium succinate even if symptoms appear to resolve.

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Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian Signature

Date

Health Care Provider Signature/Stamp

Date

PARENT PERMISSION FOR DESIGNEE TO ADMINISTER HYDROCORTISONE SODIUM SUCCINATE

In the absence of the school nurse, I grant permission for a trained delegate to administer my child's hydrocortisone sodium succinate as medically ordered. I acknowledge that Southern Regional Public Schools and its employees or agents shall incur no liability as a result of any injury arising from the administration of hydrocortisone sodium to my child. I will indemnify and hold harmless the district and its employees against any claims arising out of the administration of hydrocortisone sodium succinate.

Parent/Guardian Signature

Date

PUPIL SELF-ADMINISTRATION OF HYDROCORTISONE SODIUM SUCCINATE

(Only if applicable and approved by the health care provider)

I, _____ give permission for my child, _____
to self-medicate with _____ (medication) as prescribe by
_____ (doctor) for adrenal insufficiency both on school premises
during regular school hours and off-site or after regular school hours when they are participating in field trips or
extracurricular activities and the school nurse and his/her designee is not present. My child is capable of self-medication
and has been instructed on the proper administration of his/her medication. I acknowledge that the Southern Regional
School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child
and that I indemnify and hold harmless the District and its employees or agents against any claims arising out of self-
administration of medication by my child.

Parent/Guardian Signature

Date