

5130 Riverside Drive • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us

BOARD OF EDUCATION: Andrew Cruz • Christina Gagnier • Irene Hernandez-Blair • James Na • Joe Schaffer • SUPERINTENDENT: Norm Enfield, Ed.D.

## **Adrenal Insufficiency History/Update**

| To the Parent  | /Guardian of                                    |  |                        | Grade  |
|----------------|---|--|------------------------|--|
| Home Room/     | nool  |  |                        |  |
| following info | ormation in order to as following and return it | sist your child i<br>t to the school n | n case of<br>urse. Ple | ciency. The school needs the f an emergency event. Please ease keep your school nurse updated needed for each school year. |
| •              | <u> </u>  | •                                      |                        | sease)   Secondary   Tertiary  |
| • •            |   | •                                      |                        | ☐ Chronic steroid use ☐ Brain  |
|                |   |  |                        |  |
| 3. When your   | child was diagnosed:                            |  |                        |  |
| 4. Have your   | child had Adrenal Insu                          | ufficiency Crisis                      | before?                | Y □ Yes □ No   |
| If yes, whe    | n was the most recent                           | episode                                |                        |  |
| 5. Was an Or   | al stress dose medication                       | on given? $\square$ Yes                | s □ No H               | low many times:  |
|                |   | _                                      |                        | nany times:  |
|                | •   |  |                        |  |
| □ Loss of c    |   | sion 🗆 Dehydra                         | tion   S               | flank pain □ Headache □ Fainting evere weakness □ Nausea/Vomiting fever  |
| 9. Medication  | s taken at home:                                |  |                        |  |
| Date Began     | Medication                                      | Dosage                                 | Route                  | Frequency/Indications for use  |
|                |   |  |                        |  |
|                |   |  |                        |  |
|                |   |  |                        |  |
| If yes, wh     | o has been trained to a                         | ndminister                             |                        | ribed? Yes No<br>elet   Necklace   No   No   |
| Print Parent/C | Guardian Name                                   |  | Si                     | gnature  |
| Contact Phon   |   | Doto                                   |                        |  |

## PLEASE RETURN THIS FORM TO THE SCHOOL NURSE