



RANKIN COUNTY SCHOOL DISTRICT SCHOOL ADRENAL INSUFFICIENCY HEALTH PLAN 2025-2026

DATE RECEIVED / /

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name Age Date of Birth
School Teacher Grade

My student will require medication at school for ADRENAL INSUFFICIENCY Yes No

****If yes, please complete a Medication Consent form for all medications needed at school. RCSD does NOT stock any medications, it is the responsibility of the parent/guardian to provide any medication or supplies needed for medical conditions.*

Emergency Contact

1. Name Relationship Phone
2. Name Relationship Phone
3. Name Relationship Phone

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

Name Phone
Signature: Date:

All staff who work with student should be aware that designated symptoms listed require immediate medical attention: (Please indicate all symptoms that require attention)

- | | | |
|----------------------------------|-----------------------|---------------------------------------|
| Listlessness | Cold/clammy skin | Abdomen/leg/back pain or cramps |
| Headache | Joint Pain | Dehydration |
| Change in level of consciousness | Changes in skin color | Shaking chills |
| Fatigue | Loss of Appetite | Unintentional Weight Loss |
| Fainting | Fast breathing | Skin rash or lesions |
| Flank Pain | Confusion | Slow, sluggish movements |
| Nausea/vomiting/diarrhea | Rapid heart rate | Unusual and excessive sweating on the |
| High Fever | Profound weakness | face or palms |
| OTHER <input type="text"/> | | |

MAJOR INJURY (E.G., FALLS FROM HIGH HEIGHTS, HIT BY A CAR) REQUIRE NOT ONLY A 911 CALL FOR INJURIES, BUT ALSO THE ADMINISTRATION OF SOLU-CORTEF BY TRAINED PERSONNEL.

CONTINUED ON NEXT PAGE

PLEASE INDICATE ACTIONS TO BE TAKEN BY SCHOOL STAFF:

Allow student snack and water at all times.

In adrenal crisis, patients need an immediate injection of hydrocortisone through a vein (intravenous) or muscle (intramuscular).

Student may carry injectable medication in his/her purse or backpack.

Student will have a “buddy” system in place in each of his/her classes so that the buddy can communicate the immediate health needs to the staff member and they can in turn call the nurse for immediate care.

If student has severe symptoms/significant injury including change in level of consciousness, syncope(dizziness causing difficulty to stand), vomiting, diarrhea, cold/clammy skin, fast breathing, or more than just mild abdomen/leg/back pain or cramps, a nurse or trained personnel will administer IM Solu-Cortef and then call 911. When calling 911, it is important notify about the student’s adrenal insufficiency and the administration of Solu-Cortef.

Never allow student to walk unescorted to the health office if any of the above signs and symptoms occur. It is advised that we call security to come and pick up student in the cart.

OTHER:

TO BE COMPLETED BY THE SCHOOL WITH THE PARENT/GUARDIAN

STUDENT/GUARDIAN WILL

1. Provide all necessary supplies related to this illness.
2. Adhere to all medications and treatments as prescribed by healthcare provider.
3. Alert school staff of changes in condition/treatment/medications prescribed.

SCHOOL WILL:

1. Maintain student safety by following this plan
2. Notify parent immediately if administration of Solu-Cortef is necessary.
3. Administer medication per health plan/medication consent approved by healthcare provider.

Instructions have been reviewed with the following staff members and parents/guardians are in agreement with the plan as completed by the HCP.

	NAME	TRAINING DATE
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

SIGNATURES

School Nurse Signature

Date

Parent/Guardian Signature

Date