

**JOHNSON CITY SCHOOLS - HEALTH SERVICES
INDIVIDUAL HEALTH PLAN (IHP) – CONFIDENTIAL
Adrenal Insufficiency (Addison's Disease)**

Student Information:

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Emergency Information:

Parent(s)' Names: _____

Phone Number: _____ Phone Number: _____

Primary Care Physician: _____ Specialist: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

In the event a parent/guardian cannot be reached:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

<p>An Addisonian Crisis may be provoked by physical stress such as fever (> 101 F), vomiting, illness (such as sore throat or ear infection, flu), and trauma (such as broken bone or severe bleeding).</p> <p>An Addisonian Crisis is a life-threatening situation that results in low blood pressure, low blood levels of sugar and high blood levels of potassium. This condition requires immediate medical care.</p> <p>During stress, an extra cortisol medication (stress dose) may be needed.</p> <p>To be given by licensed medical professional only.</p> <p>Example when Cortisol Injection may be needed:</p> <ul style="list-style-type: none"> • Repeated vomiting (more than once) or diarrhea • Unconsciousness • Serious injury 	<p>Symptoms of Addisonian Crisis may occur suddenly and include:</p> <ul style="list-style-type: none"> • Nausea or vomiting, leading to dehydration • Cold clammy skin • Fast heart rate • Fast breathing • Weakness • Pale face • Dizziness • Confusion • Severe pains in stomach, legs or back • Signs of dehydration (dry tongue, thirst) • Dark circles under eyes. • Low blood pressure • Loss of consciousness • Severe fatigue • Salt craving • Hyperkalemia and hyponatremia • Shock
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Medical Information – Must be completed by Physician's Office

Specific Instructions (check all that apply):

Stress dose: _____

to be given when _____

Cortisol Injection to be given when vomiting or an emergency: _____

Physician's signature: _____ Date: _____

I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and medication and will notify the school if there is any change to my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse. To communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.

Parent's/Guardian's Signature: _____ Date: _____

Reviewed by: _____ Date: _____