



CHINO VALLEY  
UNIFIED SCHOOL DISTRICT

13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us  
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

### Adrenal Insufficiency History/Update

To the Parent/Guardian of \_\_\_\_\_ Grade \_\_\_\_\_  
Home Room/Teacher \_\_\_\_\_ School \_\_\_\_\_

According to school records, your child has Adrenal Insufficiency. The school needs the following information in order to assist your child in case of an emergency event. Please complete the following and return it to the school nurse. Please keep your school nurse updated if any changes occur during the school year. A new form is needed for each school year.

1. Type of Adrenal Insufficiency: Primary (Addison's Disease) Secondary Tertiary
2. Cause of Adrenal Insufficiency: Autoimmune Disease Chronic steroid use Brain injury/tumor Severe infection Other \_\_\_\_\_
3. When your child was diagnosed: \_\_\_\_\_
4. Have your child had Adrenal Insufficiency Crisis before? Yes No  
If yes, when was the most recent episode \_\_\_\_\_
5. Was an Oral stress dose medication given? Yes No How many times: \_\_\_\_\_
6. Was injectable hydrocortisone given? Yes No How many times: \_\_\_\_\_
7. Triggers of Adrenal Insufficiency Crisis: \_\_\_\_\_
8. Signs/Symptoms of Adrenal Crisis: Abdominal pain or flank pain Headache Fainting  
Loss of consciousness Confusion Dehydration Severe weakness Nausea/Vomiting  
Diarrhea Low blood sugar Rapid heart rate High fever

9. Medications taken at home:

Date Began	Medication	Dosage	Route	Frequency/Indications for use

10. Does your student have injectable hydrocortisone prescribed? Yes \_\_\_\_ No \_\_\_\_  
If yes, who has been trained to administer \_\_\_\_\_
11. Is your student carrying medical ID? Yes: Card  Bracelet  Necklace  No
12. Does your child ride the bus? Yes No
13. Does your child participate in any after school activities? Yes No. If yes, please describe:  
\_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE**

If your student requires medication at school, please see the Health Services website for the required forms.