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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.

Date: \_\_\_\_\_

Dear Parent(s)/Guardian(s) of \_\_\_\_\_:

Enclosed are the required forms for your student's Specialized Physical Health Care procedure for Adrenal Insufficiency. These forms must be completed each school year by you and your student's physician.

Please complete and sign the enclosed:

- **Parent section of the *Parent/Physician Request for the Administration of Medication***
- ***Adrenal Insufficiency Health History***

Please ask your physician to complete and sign the enclosed:

- **Physician section of the *Parent/Physician Request for the Administration of Medication***

If your physician uses other similar forms, these are welcome as well. Please make sure the **stress doses of Hydrocortisone with specific instructions are prescribed on the medication form. Additional 3 days of lockdown medications for school is strongly recommended.**

Please return the entire packet & medication (in the original container labeled with the student's name) to your school's Health Office during **the week before the first day of school**, which is \_\_\_\_\_. This will allow enough time for me to review the forms and plan for his/her procedure, or to contact your physician if more information is needed. Please call me if you have any questions or concerns at \_\_\_\_\_. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
School Nurse RN