MORRIS KNOLLS HIGH SCHOOL

50 KNOLL DRIVE ROCKAWAY, NEW JERSEY 07866 FAX: (973) 586-3550 www.mhrd.org/mkhs

ADRENAL CRISIS ACTION PLAN

Student Name:	DOB:	Student #:	
Parent/Guardian Name:			
Emergency Contact Name:			
Emergency Contact Name:	Emergency Contact Phone #:		
HEALTH CARE PROVIDER: Please Complete			
Risk factors for acute adrenal crisis include	physical stress such as infection, illnes	s, dehydration, or trauma.	
MILD SIGNS AND SYMPTOMS: If student displays one or more of the f	ollowing mild signs and symptoms (pr	ovider nlesse list):	
in student displays one of more of the f	ottowitig titling signs and symptoms (bi	JVIder, prease listy.	
2. Administer hydrocortisone:	arent cannot be reached, contact eme mg, by mouth. rtisone, the student begins to display		and symptoms
SEVERE SIGNS AND SYMPTOMS: If student displays one or more of the f	ollowing severe signs and symptoms (provider, please list):	
2. Activate EMS.	mg, intramuscularly into thigh rarent cannot be reached, contact eme		
Healthcare Provider Name/Title	Healthcare Provider Signat	ure Date	
Phone Number	Fax Number	Email	
I give my permission to the school, school nurse, carry out the care tasks as outlined by this Acute signed plan. I also consent to the release of the inchild and who may need to know this informatio and care to be given during after school activities regarding the above condition. Parent/Guardian Signature I have reviewed this order, completed the Acute	Adrenal Crisis Action Plan for my child, and information contained in this plan to all st in to maintain my child's health and safet is. I give my permission for the school nurse. Printed Name	nd I acknowledge that I have receive aff and other adults who have custo y. I will notify extra-curricular staff a se to contact my child's healthcare p 	ed a copy of the odial care of my about health plan provider(s)
School Nurse Signature	Printed Name	Date	