

Loudoun County Public Schools
Adrenal Insufficiency Action Plan / Physician's Order

Place
Student's
Picture
Here

Student's Information

Last Name: _____ First Name: _____ DOB: _____
Student ID # _____ School: _____ Grade: _____
Parent/Guardian: _____ Cell: _____ SY: _____

To be completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner)

Daily Maintenance Medication

Name of Medication: _____ Dosage: _____ Route: _____
Time to be administered: _____ Length of Time: School Year Other: _____

Oral Stress Dose

Name of Medication: _____ Dosage: _____ Route: _____

Give oral stress dose immediately AND call parent for one or more of the checked symptoms:

oral temperature above 101 °F _____ _____

Emergency Solu-Cortef IM

Name of Medication: _____ Dosage: _____ Location: _____

Give Solu Cortef IM immediately for one or more of the checked symptoms:

- oral temperature above 101 °F AND unable to take oral stress dose vomiting >1 time
- severe injury- broken bone/deep cut/concussion
- sudden confusion/loss of consciousness
- _____ _____

CALL 911- State that the student is in adrenal crisis and has received Solu-Cortef.

- Healthcare Provider's note should accompany student to the Emergency Department.**
- Student may carry and consume water, Gatorade, and snacks as needed.**
- Other:** _____

Healthcare Provider's Name (Print/stamp): _____

Healthcare Provider's Signature: _____ **Date:** _____

National Provider Identifier (NPI): _____ **Phone:** _____

Parent/Guardian Name: _____ Phone: _____

I give my permission for the school nurse and/or designated trained school professional, to administer prescribed medication including Solu-Cortef, or it's generic, to my child, as prescribed by his/her physician. I understand that 911 will be called anytime Solu-Cortef is administered to my child. I understand that the school nurse may contact the prescribing provider with clarifying questions regarding the medication and order. My signature releases the school district, and its employees from any and all claims, liabilities, actions, and judgements related to providing emergency care to my child in accordance to Virginia Code §8.01-225. I understand that if I do not pick up medication at the end of the school year it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Loudoun County Public Schools
Authorization for Medication Administration
Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. **The first dose of any NEW medication should be administered at home.**
3. If it is absolutely necessary for the student to take medication at school, an “**Authorization for Medication Administration**” form must be received for each medication and must be submitted to the Health Office staff with the medication to be administered at school. Use the appropriate form for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without the appropriate form.
4. **Parents must provide written instructions from the healthcare provider for prescription medication to be administered by LCPS staff.** The “Authorization for Medication Administration” form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
 - Student’s name and date of birth
 - Name and purpose of medication
 - Dosage, time & route of administration
 - Duration of medication order/effective dates
 - Possible side effects/actions to take if these occur
 - Healthcare provider’s signature/date/NPI #
5. **Medications must be brought to the Health Office by a parent/guardian** (LCPS policy 8420) per Virginia Code 22.1-274. Students with diabetes, asthma, or life-threatening allergies may carry the following medications (insulin, glucagon, inhalers, epinephrine auto-injectors) throughout the school day with the written consent of the physician, school nurse and parent/guardian as indicated on the “Physician Order/Action Plan.” Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
6. **Medication Containers:**
 - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing:
 - Student’s name
 - Name of medication
 - Time to be given
 - Dose / amount to be administered
 - Healthcare provider’s name
 - Date
 - ❖ Non-prescription medications (OTC- over-the-counter) - must be in the original packaging and include dosage instructions.
7. Prescription information on bottle label must match the healthcare provider’s information on the “Authorization for Medication Administration” form. **Ask the pharmacy to provide a properly labeled bottle for school.**
8. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
9. Medication must be given in its original form unless written directions from the healthcare provider states otherwise. For example- open capsule or crush pill and mix with applesauce/yogurt, etc.
10. Medications will be given no more than 30 minutes before or after the prescribed time.
11. Non-prescription medication will only be administered according to directions on the bottle or box. If a higher dosage is required, the “Authorization for Medication Administration” form must be completed and signed by the healthcare provider.
12. Medication must be stored and administered in the health office unless the criteria for self-carry are met.
13. A new “Authorization for Medication Administration” form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an “Authorization for Medication Administration” form signed by the healthcare provider and parent/guardian. LCPS does not administer drugs containing marijuana or CBD oil.
16. **Unused medication MUST be picked up by a parent/guardian on the last day of school or it will be destroyed.**