

LOS ANGELES UNIFIED SCHOOL DISTRICT  
 Student Health and Human Services  
 District Nursing Services

**Parent Consent and Authorized Healthcare Provider Authorization for  
GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE at School and School-Sponsored Events**

<b>Student:</b>	<b>DOB:</b>	<b>Date:</b>
<b>School:</b>	<b>PHONE:</b>	<b>FAX:</b>

**NOTE: STANDARD EMERGENCY CARE PROCEDURE FOR GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE IS ATTACHED.  
 PLEASE REVIEW AND CHECK APPROPRIATE BOX TO INDICATE AUTHORIZATION.**

**1. Check one:**

- I have reviewed and approved the attached standardized procedure as written.
- I have reviewed and approved the attached standardized procedure as written with the attached modifications.
- I **do not** approve of LAUSD's standardized procedure. I have attached my alternative procedure and recommendations.

**2. PRN (if needed) for** \_\_\_\_\_

**3. Special Instructions:(Dosage)**

\_\_\_\_\_

\_\_\_\_\_

**Authorized Healthcare Provider Authorization for GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE in School  
 Setting**

My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that initial emergency management services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide the written authorization. Authorizations may be faxed or e-mailed.

**Authorized Healthcare Provider Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**\*Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** \_\_\_\_\_

**Parent Consent for Authorization and Management of GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE in School  
 Setting**

I (we) the undersigned, the parent/guardian(s) of the above-named student, request that the above standardized procedure, be administered to my (our) child in accordance with state laws and regulations. I (we) will:

1. provide the necessary supplies and equipment;
2. notify the school nurse if there is a change in child's health status or attending healthcare provider;
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization; and
4. provide new written consent/authorization yearly.

I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

**Parent(s)/Guardian(s) Print name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_