

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

**Parent Consent and Authorized Healthcare Provider Authorization for
DIABETES: KETONE TESTING at School and School-Sponsored Events**

Student:	DOB:	Date:
School:	PHONE:	FAX:

**NOTE: STANDARD PROCEDURE FOR DIABETES: KETONE TESTING 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:

Authorized Healthcare Provider Authorization for DIABETES: KETONE TESTING 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 DIABETES: KETONE TESTING 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** _____