

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

**Parent Consent and Healthcare Provider Authorization for
 NASAL BENZODIAZEPINE (VALTOCO AND NAYZILAM) ADMINISTRATION
 at School and School-Sponsored Events**

Student:	DOB:	Grade:
School:	Phone:	Fax:

**PLEASE REVIEW AND CHECK THE APPROPRIATE BOX TO INDICATE AUTHORIZATION.
 NOTE: LAUSD SPECIALIZED PHYSICAL HEALTHCARE PROCEDURE FOR
 NASAL BENZODIAZEPINE (VALTOCO AND NAYZILAM) ADMINISTRATION IS ATTACHED.**

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 the standardized procedure. I have attached my alternative procedure and recommendations

2. Name of medication and dosage prescribed

Valtoco	Nayzilam
<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of midazolam, in 1 blister pack
<input type="checkbox"/> 10 mg = 1 spray device holding 10 mg of diazepam, in 1 blister pack	
<input type="checkbox"/> 15 mg = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack	
<input type="checkbox"/> 20 mg = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack	

PRN needed for (specify seizure symptoms, frequency, type and duration) _____

3. Special Instructions: _____

Authorized Healthcare Provider Authorization for

NASAL BENZODIAZEPINE VALTOCO NAYZILAM ADMINISTRATION 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 specialized physical healthcare procedures 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.

***Authorized Healthcare Provider Name:** _____ **Signature:** _____ **Date:** _____

Phone: _____ **Address:** _____ **City** _____ **Zip** _____

***Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** _____

Parent Consent for Authorization for

NASAL BENZODIAZEPINE VALTOCO NAYZILAM ADMINISTRATION in School Setting

I, the undersigned, the parent/guardian of the above named student, request that the specialized physical healthcare procedure be administered to my child in accordance with state laws and regulations. I 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; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.
4. provide new written consent/authorization yearly.

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

Parent/Guardian (Print Name): _____ **Signature:** _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

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PRN needed for (specify seizure symptoms, frequency, type and duration) _____

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**Authorized Healthcare Provider Authorization for
 NASAL BENZODIAZEPINE VALTOCO NAYZILAM ADMINISTRATION in School Setting**

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***Authorized Healthcare Provider Name:** _____ **Signature:** _____ **Date:** _____

Phone: _____ **Address:** _____ **City** _____ **Zip** _____

***Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** _____

**Consentimiento y Autorización de los Padres para la
 ADMINISTRACIÓN de BENZODIAZEPINA NASAL VALTOCO NAYZILAM en el entorno escolar**

Yo, el abajo firmante, el padre / tutor del estudiante arriba mencionado, solicito que el procedimiento especializado para el cuidado de la salud física se le administre a mi hijo / hija en acorde con las leyes y reglamentos estatales. Yo:

1. proporcionaré los suministros y equipos necesarios;
2. notificaré a la enfermera de la escuela si hay un cambio en el estado de salud del niño / niña o del proveedor de atención médica que lo atiende; y
3. notificaré a la enfermera de la escuela de inmediato y proporcionaré un nuevo consentimiento / autorización por escrito para cualquier cambio de la autorización anterior.
4. proporcionaré un nuevo consentimiento / autorización por escrito anualmente.

Doy mi consentimiento para que la enfermera de la escuela se comunique con el proveedor de atención médica autorizado cuando sea necesario.

Padre / Tutor (nombre en letra de molde): _____ **Firma:** _____ **Fecha:** _____

Teléfono del hogar: _____ **Teléfono del trabajo:** _____ **Celular:** _____