

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

**Parent Consent and Authorized Healthcare Provider Authorization for
SOLU-CORTEF INJECTION ADMINISTRATION at School and School-Sponsored Events**

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

**NOTE: STANDARD EMERGENCY CARE PROCEDURE FOR SOLU-CORTEF INJECTION ADMINISTRATION 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 SOLU-CORTEF INJECTION 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 initial emergency management services may be performed by a licensed nursing provider (School Nurse or LVN) or by a school physician. 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 SOLU-CORTEF INJECTION ADMINISTRATION 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** _____

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Authorized Healthcare Provider Name _____ **Signature** _____

Date _____ **Phone** _____ **Address** _____ **City** _____ **Zip** _____

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

Consentimiento del Padre o Madre para Autorizar y Controlar la ADMINISTRACIÓN DE LA INYECCIÓN SOLU-CORTEF en la escuela

Yo (nosotros) el/la/los abajo firmante (s), padre, madre, padres o tutor (es) del estudiante cuyo nombre aparece anteriormente solicitamos que el procedimiento estandarizado que se mencionada anteriormente sea administrado a mi (nuestro) hijo (a) de conformidad con las leyes y reglamentos estatales. Yo (nosotros):

1. Proveeremos los materiales y equipo necesarios.
2. Notificaremos a la enfermera escolar si se presenta algún cambio en el estado de salud del niño (a) o en el proveedor de atención médica.
3. De inmediato, notificaremos a la enfermera escolar y proveeremos un nuevo consentimiento o autorización escrito para todo cambio relacionado con la autorización anterior.
4. Y anualmente, proveeremos un consentimiento o autorización escrito nuevo.

Yo (nosotros) otorgamos consentimiento a la enfermera escolar para que se comunique con el proveedor de atención médica autorizado cuando sea necesario.

Nombre, letra de molde, del padre, madre, padres o tutor (es) _____ **Firma** _____ **Fecha** _____

Teléfono en casa: _____ **Teléfono laboral:** _____ **Teléfono celular:** _____