LOS ANGELES UNIFIED SCHOOL DISTRICT Office of the Chief Medical Director District Nursing Services

AGREEMENT FOR ON-SITE SERVICES BY LICENSED NURSING PROVIDER

Health Services will be provided for:		
Name of Student	Date of Birth	
School CA Licensed Healthcare Provider Orders Include:	Region	Date
SERVICES WILL BE PROVIDED BY:		
Name of Licensed Nursing Provider Title	CA License No.	Expiration Date
Name of Agency	Phone Number	
Agency Address Days of Week: M T W Th F Number of Supervising Registered Nurse at Agency Insurance Information: Liability Insurer Malpractice Date of Tuberculosis Clearance (within six months prior to service I, the undersigned, am the parent, guardian, or other adult responsabove. I hereby request that the above named Licensed Nursin above described services to my child on school premises.	e Insurerin the schools)	f the student named
Parent/Guardian Signature		Date
I, the undersigned, acknowledge that I have received the original A Licensed Nursing Provider.	Agreement for On-Site	e Services by
Principal's Signature		Date
The School Nurse will: Initiate this agreement form at the start of services and the b Submit original agreement form to the school principal. Retain a copy in the student's health record. Send a copy to District Nursing Services, Special Programs, For further information, call District Nursing Services, Special (213) 202-7580.	Roybal Annex.	·