LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
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**____________________

Licensed Nurse Acknowledgement of Complete and Accurate Order

________________________	____________________	________________	____________
Printed Name of Nurse	**Signature**	**Title (RN, LVN)**	**Date**

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Student:	**DOB:**	**Date:**
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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.

4. PRN (if needed) for ____

5. Special Instructions:(Dosage) ____

Authorized Healthcare Provider Authorization for SOLU-CORTEF INJECTION 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 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 enferma 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:**____________________

Licensed Nurse Acknowledgement of Complete and Accurate Order

______________________________	______________________________	_______________	_______________
Printed Name of Nurse	**Signature**	**Title (RN, LVN)**	**Date**