

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

**Parent Consent and Authorized Healthcare Provider Authorization for  
GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE at School and School-Sponsored Events**

<b>Student:</b>	<b>DOB:</b>	<b>Date:</b>
<b>School:</b>	<b>PHONE:</b>	<b>FAX:</b>

**NOTE: STANDARD EMERGENCY CARE PROCEDURE FOR GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE 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)** \_\_\_\_\_

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**Authorized Healthcare Provider Authorization for GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE 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** \_\_\_\_\_

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**Parent Consent for Authorization and Management of GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE 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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_____	_____	_____	_____
<b>Printed Name of Nurse</b>	<b>Signature</b>	<b>Title (RN, LVN)</b>	<b>Date</b>

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<b>Student:</b>	<b>DOB:</b>	<b>Date:</b>
<b>School:</b>	<b>PHONE:</b>	<b>FAX:</b>

**NOTE: STANDARD EMERGENCY CARE PROCEDURE FOR GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE 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.

**4.** PRN (if needed) for \_\_\_\_\_

**5. Special Instructions: (Dosage)** \_\_\_\_\_

**Authorized Healthcare Provider Authorization for GLUCAGON INJECTION: A MEDICAL EMERGENCY PROCEDURE 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** \_\_\_\_\_

**Consentimiento del padre de familia para autorizar el proceso de INYECCION DE GLUCAGON: UN PROCEDIMIENTO DE EMERGENCIA MEDICA en el entorno escolar**

Yo, el abajo firmante, padre de familia/tutor (legal) del estudiante cuyo nombre aparece arriba, solicito que se aplique a mi hijo el procedimiento de atención médica especializada en conformidad con las leyes y reglamentos estatales. Me comprometo a:

1. Proporcionar los suministros y equipo necesario;
2. Avisarle a la enfermera escolar si hay un cambio en el estado de salud de mi hijo; o bien al proveedor de atención médica; y
3. Avisarle a la enfermera escolar inmediatamente y proporcionar una nueva autorización/consentimiento en caso de cualquier cambio en la autorización antes citada.
4. Anualmente proporcionar autorización/ consentimiento escrito.

Dar consentimiento a la enfermera escolar para comunicarse con el proveedor de servicios de salud cuando sea necesario.

**Padre de familia/tutor (letra de molde):** \_\_\_\_\_ **Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Teléfono del hogar:** \_\_\_\_\_ **Tel. del trabajo:** \_\_\_\_\_ **Tel. del celular:** \_\_\_\_\_

<p>_____</p> <p style="text-align: center;"><b>Printed Name of Nurse</b></p>	<p>_____</p> <p style="text-align: center;"><b>Signature</b></p>	<p>_____</p> <p style="text-align: center;"><b>Title (RN, LVN)</b></p>	<p>_____</p> <p style="text-align: center;"><b>Date</b></p>
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