LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
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 |
|---|---|
| ☐ **5 mg** = 1 spray device holding 5 mg of diazepam, in 1 blister pack<br>☐ **10 mg** = 1 spray device holding 10 mg of diazepam, in 1 blister pack<br>☐ **15 mg** = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack<br>☐ **20 mg** = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack | ☐ **5 mg** = 1 spray device holding 5 mg of midazolam, 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:** _____

**Licensed Nurse Acknowledgement of Completeness and Meets District Guidelines**

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| **Printed Name of Nurse** | **Signature** | **Title (RN, LVN)** | **Date** |

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**at School and School-Sponsored Events**

| **Student:** | **DOB:** | **Grade:** |
|---|---|---|
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**NASAL BENZODIAZEPINE (VALTOCO AND NAYZILAM) ADMINISTRATION IS ATTACHED.**

**1. Check One:**

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**2. Name of medication and dosage prescribed**

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☐ **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**

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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:** _____

**Licensed Nurse Acknowledgement of Completeness and Meets District Guidelines**

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| **Printed Name of Nurse** | **Signature** | **Title (RN, LVN)** | **Date** |