

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:							
<p>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.</p>									
<p>1. Check One:</p> <p><input type="checkbox"/> I have reviewed and approved the attached standardized procedure as written</p> <p><input type="checkbox"/> I have reviewed and approved the attached standardized procedure as written with the attached modifications</p> <p><input type="checkbox"/> I do not approve of the standardized procedure. I have attached my alternative procedure and recommendations</p>									
<p>2. Name of medication and dosage prescribed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Valtoco</th> <th style="width: 50%; text-align: center;">Nayzilam</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of diazepam, in 1 blister pack</td> <td rowspan="4"><input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of midazolam, in 1 blister pack</td> </tr> <tr> <td><input type="checkbox"/> 10 mg = 1 spray device holding 10 mg of diazepam, in 1 blister pack</td> </tr> <tr> <td><input type="checkbox"/> 15 mg = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack</td> </tr> <tr> <td><input type="checkbox"/> 20 mg = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack</td> </tr> </tbody> </table>			Valtoco	Nayzilam	<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of midazolam, in 1 blister pack	<input type="checkbox"/> 10 mg = 1 spray device holding 10 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 15 mg = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 20 mg = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack
Valtoco	Nayzilam								
<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of midazolam, in 1 blister pack								
<input type="checkbox"/> 10 mg = 1 spray device holding 10 mg of diazepam, in 1 blister pack									
<input type="checkbox"/> 15 mg = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack									
<input type="checkbox"/> 20 mg = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack									
<p><input type="checkbox"/> PRN needed for (specify seizure symptoms, frequency, type and duration) _____</p>									
<p>3. Special Instructions: _____</p>									
<p>Authorized Healthcare Provider Authorization for NASAL BENZODIAZEPINE <input type="checkbox"/> VALTOCO <input type="checkbox"/> NAYZILAM ADMINISTRATION in School Setting</p>									
<p>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.</p>									
<p>*Authorized Healthcare Provider Name: _____ Signature: _____ Date: _____</p> <p>Phone: _____ Address: _____ City: _____ Zip: _____</p> <p>*Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number _____</p>									
<p>Parent Consent for Authorization for NASAL BENZODIAZEPINE <input type="checkbox"/> VALTOCO <input type="checkbox"/> NAYZILAM ADMINISTRATION in School Setting</p>									
<p>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 :</p> <ol style="list-style-type: none"> 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. <p>I give consent for the school nurse to communicate with the authorized healthcare provider when necessary.</p>									
<p>Parent/Guardian (Print Name): _____ Signature: _____ Date: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>									
<p>Licensed Nurse Acknowledgement of Complete and Accurate Order</p>									
<p>_____ Printed Name of Nurse</p>	<p>_____ Signature</p>	<p>_____ Title (RN, LVN)</p>							
		<p>_____ Date</p>							

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
<input type="checkbox"/> 5 mg = 1 spray device holding 5 mg of diazepam, in 1 blister pack <input type="checkbox"/> 10 mg = 1 spray device holding 10 mg of diazepam, in 1 blister pack <input type="checkbox"/> 15 mg = 2 spray devices, each holding 7.5 mg of diazepam, in 1 blister pack <input type="checkbox"/> 20 mg = 2 spray devices, each holding 10 mg of diazepam, in 1 blister pack	<input type="checkbox"/> 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 _____

**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 Complete and Accurate Order

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