

LOS ANGELES UNIFIED SCHOOL DISTRICT

Medical Services Division
District Nursing Services Branch

AGREEMENT FOR ON-SITE SERVICES BY LICENSED NURSING PROVIDER (LNP)

****Initiate this agreement form at the start of services and the beginning of each school year and complete a separate form for each licensed nurse providing services.****

To be completed by School Nurse PRIOR TO supplying form to LNP.

Health Services will be provided for:

Name of Student (Last, First)

Date of Birth

School

Region

Date

Select valid LAUSD Specialized Physical Health Care Services Authorizations that have been submitted :

- ☐ Adrenal Insufficiency-Solu-Cortef
- ☐ Anaphylaxis
- ☐ Autonomic Dysreflexia: Emergency Care
- ☐ Clean Catheterization
- ☐ Clean Self-Catheterization with Assistance
- ☐ Clean Self-Catheterization
- ☐ Sterile Catheterization
- ☐ Blood Glucose Testing
- ☐ Glucagon Nasal Spray (Baqsimi)
- ☐ Glucagon Injection
- ☐ Hypoglycemic Reaction
- ☐ Ketone Testing
- ☐ Gastrostomy Feeding: Bolus Method
- ☐ Gastrostomy Feeding: Slow Drip Method or Pump
- ☐ Gastrostomy Tube Replacement
- ☐ Jejunostomy Tube Feeding: Slow Drip Method or Pump

- ☐ Mechanical Nebulizer Treatment
- ☐ Mechanical Ventilation
- ☐ Ostomy Care
- ☐ Oxygen Therapy
- ☐ Diastat
- ☐ Nasal Benzodiazepine
- ☐ Vagus Nerve Stimulation
- ☐ Oral Nasal Suctioning
- ☐ Oropharyngeal and Nasopharyngeal Suctioning
- ☐ Tracheostomy Suctioning
- ☐ Tracheostomy Tube Replacement
- ☐ Other: _____

- ☐ Medication Authorizations for the following specific medications:

SERVICES WILL BE PROVIDED BY:

Name of Licensed Nursing Provider

Title

CA License No.

Expiration Date

Name of Agency

Phone Number

Agency Address

Supervising Registered Nurse at Agency _____

Liability Insurance Information: _____

(Must include endorsement adding "Los Angeles Unified School District and the Board of Education" as additional insured)

Malpractice Insurer _____

Results/Date of Tuberculosis Clearance with results (within six months prior to service in the school) _____

Date of a current influenza vaccination (for working with preschool aged student) _____

I, the undersigned, am the parent, guardian, or other adult responsible for the care of the student named above. I hereby request that the above named Licensed Nursing Provider be permitted to provide the above described services to my child on school premises. I understand and voluntarily agree to the following:

I agree to be the licensed nurse responsible for the care of the student named above. I understand and voluntarily agree to the following:

- I/we acknowledge and agree that neither parent/guardian or licensed nurse, will be covered under any of the District's liability or workers' compensations programs for any injury incurred or caused as a result of participation in the above mentioned services, but would be responsible (through personal insurance) for any and all medical expenses incurred as a result of injuries from this service.
- I/we understand I/we are completely responsible for all liabilities, damages and injuries I/we may cause to District property, its members and employees, and all third parties as part of providing these services.
- I/we hereby expressly waive and release the Los Angeles Unified School District from any and all rights or claims of any nature whatsoever I/we may have against the Los Angeles Unified School District, the Board of Education of the Los Angeles Unified School District, and its members, volunteers and employees, arising out of, in connection with, or resulting from the above event/activity.
- I/we agree to sign in and out as designated by the site administrator.
- I/we understand in accordance with District policy the licensed nurse must meet clearance under California Megan's Law Website.
- I/we understand that the licensed nurse must provide medical clearance of TB prior to starting on campus.
- I/we understand that if the licensed nurse is in a classroom with preschool aged students, they are required to provide evidence of a current influenza vaccination.
- I/we understand that the licensed nurse must comply with the District and Los Angeles County Department of Public Health's policies related to COVID-19 regulations.
- I, parent/guardian, understand that the licensed nurse's provision of these services are in lieu of any District offered service, whether in an IEP, Section 504 plan, and/or health care plan. I agree to provide written notice to the District should the licensed nurse be unable to continue providing any services.

Nurse Signature

Parent/Guardian Signature

Nurse Name Printed

Parent/Guardian Name Printed

Date

Date

I, the undersigned, acknowledge that I have received the original Agreement for On-Site Services by Licensed Nursing Provider .

Principal's Signature

Date

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CHECKLIST/COVER PAGE/POLICY

Initiate this agreement form at the start of services and the beginning of each school year and complete a separate form for each licensed nurse providing services. The following checklist must be completed to ensure form is completed and required accompanying documentation is supplied.

School Site Administrator will verify (Initial and Date) :

- ☐ Megan's Law <https://www.meganslaw.ca.gov/>
- ☐ TB Clearance
- ☐ Facilitate access to Daily Pass
- ☐ Attach and maintain copies of Liability Insurance, Malpractice Insurance, TB Clearance, Influenza Vaccine record (if applicable).
- ☐ Parent liability waiver to be completed.
- ☐ Submit copy to Risk Management.
- ☐ Retain a copy and related records at school site for 7 years.
- ☐ For further information, contact Risk Management at (213) 241-0329.

The School Nurse will (Initial and Date):

- ☐ Obtain valid specialized physical healthcare services authorizations.
- ☐ 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 Roybal Annex and Local District Nursing Coordinator.
- ☐ For further information, call District Nursing Services, Special Education Resource Nurse at (213) 202-7580.

The Local District Nursing Coordinator will verify (Initial and Date):

- ☐ LNP license