LOS ANGELES UNIFIED SCHOOL DISTRICT Medical Services Division District Nursing Services Branch

Parent Consent and Healthcare Provider Authorization for STERILE CATHETERIZATION at School and School-Sponsored Events

Student:	DOB:	Grade:
School:	Phone:	Fax:
PLEASE REVIEW AND CHECK THE NOTE: LAUSD SPECIALIZED PHYSICAL HEALTHCA		
1. Check One:		
☐ I have reviewed and approved the attached standa	ardized procedure as written.	
☐ I have reviewed and approved the attached standa	ardized procedure as written with	the attachedmodifications.
\square I do not approve of the standardized procedure. If	have attached my alternative pro	cedure and recommendations.
2. Time/Frequency to be performed at school	□PRN if needed for _	
3. Special Instructions:		
Authorized Healthcare Provider Authori	ization for <u>STERILE CATHETER</u>	IZATION in School Setting
My signature below provides authorization for the above vaccordance with state laws and regulations. I understand the unlicensed designated school personnel under the training maximum of one year. If changes are indicated, I will provide	that specialized physical healthca g and supervision provided by the	re procedures may be performed by school nurse. This authorization is for a
*Authorized Healthcare Provider Name:	Signature:	Date:
Phone: Address:	City	_Zip
*Nurse Practitioner, Nurse Midwife, Physician Assistant:	Furnishing Number	
Parent Consent for Authorization	n for <u>STERILE CATHETERIZATION</u>	in School Setting
 I, the undersigned, the parent/guardian of the above name be administered to my child in accordance with state laws provide the necessary supplies and equipment; notify the school nurse if there is a change in child notify the school nurse immediately and provide authorization. provide new written consent/authorization yearly 	and regulations. I will: d's health status, or attending he new written consent/authorizati	althcare provider; and
 be administered to my child in accordance with state laws provide the necessary supplies and equipment; notify the school nurse if there is a change in child notify the school nurse immediately and provide authorization. 	and regulations. I will: d's health status, or attending he new written consent/authorizati y.	althcare provider; and on for any changes in the above
 be administered to my child in accordance with state laws provide the necessary supplies and equipment; notify the school nurse if there is a change in child notify the school nurse immediately and provide authorization. provide new written consent/authorization yearly 	and regulations. I will: d's health status, or attending he new written consent/authorizati y. he authorized healthcare provide	althcare provider; and on for any changes in the above r when necessary.
 be administered to my child in accordance with state laws provide the necessary supplies and equipment; notify the school nurse if there is a change in child notify the school nurse immediately and provide authorization. provide new written consent/authorization yearly I give consent for the school nurse to communicate with the 	and regulations. I will: d's health status, or attending he new written consent/authorization. y. he authorized healthcare provideSignature:	althcare provider; and on for any changes in the above r when necessary. Date:
 be administered to my child in accordance with state laws provide the necessary supplies and equipment; notify the school nurse if there is a change in child notify the school nurse immediately and provide authorization. provide new written consent/authorization yearly I give consent for the school nurse to communicate with the Parent/Guardian (Print Name): 	and regulations. I will: d's health status, or attending he new written consent/authorizati y. he authorized healthcare provide Signature: Cell I	althcare provider; and on for any changes in the above r when necessary. Date:
be administered to my child in accordance with state laws 1. provide the necessary supplies and equipment; 2. notify the school nurse if there is a change in child 3. notify the school nurse immediately and provide authorization. 4. provide new written consent/authorization yearly I give consent for the school nurse to communicate with the parent/Guardian (Print Name): Home Phone: Work Phone:	and regulations. I will: d's health status, or attending he new written consent/authorization. description of the consent of	althcare provider; and on for any changes in the above r when necessary. Date:

Jan.2025

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Parent Consent and Healthcare Provider Authorization for STERILE CATHETERIZATION at School and School-Sponsored Events

Student:	DOB:		Grade:
School:	Phone:	Fax:	
PLEASE REVIEW AND CHECK TO NOTE: LAUSD SPECIALIZED PHYSICAL HEALTHO	HE APPROPRIATE BOX TO INDICA CARE PROCEDURE FOR STERILE (
1. Check One:			
☐ I have reviewed and approved the attached stan	dardized procedure as written.		
☐ I have reviewed and approved the attached standard	dardized procedure as written with t	the attached mod	ifications.
\square I do not approve of the standardized procedure.	I have attached my alternative proc	edure and recomi	mendations.
2. Time/Frequency to be performed at school	PRN if needed for		
3. Special Instructions:			
Authorized Healthcare Provider Authorized	orization for STERILE CATHETERIZ	ZATION in School	ol Setting
My signature below provides authorization for the above accordance with state laws and regulations. I understand unlicensed designated school personnel under the training maximum of one year. If changes are indicated, I will provide the provided that the provided training is a school personnel under the training maximum of one year.	d that specialized physical healthcare ng and supervision provided by the	e procedures may school nurse. This	be performed by authorization is for a
*Authorized Healthcare Provider Name:	Signature:	Date:	
Phone: Address:			
	City		Zip
Phone:Address:	City		Zip
Phone:Address: *Nurse Practitioner, Nurse Midwife, Physician Assistan	City t: FurnishingNumber rizar el proceso de CATETERIZAC studiante cuyo nombre aparece arri	I <mark>ÓN ESTÉRIL</mark> en ba, solicito que so	zipel entorno escolar e aplique a mi hijo el
Phone:Address: *Nurse Practitioner, Nurse Midwife, Physician Assistan Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del el	city t: FurnishingNumber rizar el proceso de CATETERIZAC studiante cuyo nombre aparece arri formidad con las leyes y reglamento o; o en el estado de salud de mi hijo; o l y proporcionar una nueva autorizac a.	I <mark>ÓN ESTÉRIL</mark> en ba, solicito que so s estatales. Me co	el entorno escolar e aplique a mi hijo el omprometo a: de atención médica; y
*Nurse Practitioner, Nurse Midwife, Physician Assistan Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del e procedimiento de atención médica especializada en con 1. Proporcionar los suministros y equipo necesaria 2. Avisarle a la enfermera escolar si hay un cambio 3. Avisarle a la enfermera escolar inmediatamente cualquier cambio en la autorización antes citado	city t: FurnishingNumber rizar el proceso de CATETERIZAC studiante cuyo nombre aparece arri formidad con las leyes y reglamento o; o en el estado de salud de mi hijo; o l y proporcionar una nueva autorizac a. timiento escrito.	ba, solicito que so s estatales. Me co pien al proveedor ión/consentimier	el entorno escolar e aplique a mi hijo el omprometo a: de atención médica; y nto en caso de
*Nurse Practitioner, Nurse Midwife, Physician Assistan Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del e procedimiento de atención médica especializada en con 1. Proporcionar los suministros y equipo necesario 2. Avisarle a la enfermera escolar si hay un cambio 3. Avisarle a la enfermera escolar inmediatamente cualquier cambio en la autorización antes citad 4. Anualmente proporcionar autorización/ consen	City t: FurnishingNumber rizar el proceso de CATETERIZAC studiante cuyo nombre aparece arri formidad con las leyes y reglamento o; o en el estado de salud de mi hijo; o l y proporcionar una nueva autorizac a. timiento escrito. carse con el proveedor de servicios o	IÓN ESTÉRIL en ba, solicito que so s estatales. Me co pien al proveedor ión/consentimier	el entorno escolar e aplique a mi hijo el emprometo a: de atención médica; y nto en caso de ea necesario.
*Nurse Practitioner, Nurse Midwife, Physician Assistant Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del e procedimiento de atención médica especializada en con 1. Proporcionar los suministros y equipo necesario 2. Avisarle a la enfermera escolar si hay un cambio 3. Avisarle a la enfermera escolar inmediatamente cualquier cambio en la autorización antes citad 4. Anualmente proporcionar autorización/ consen Dar consentimiento a la enfermera escolar para comunic	city c: FurnishingNumber cizar el proceso de CATETERIZAC studiante cuyo nombre aparece arriformidad con las leyes y reglamento c); o en el estado de salud de mi hijo; o la y proporcionar una nueva autorizada. timiento escrito. carse con el proveedor de servicios o Firma:	IÓN ESTÉRIL en ba, solicito que so s estatales. Me co pien al proveedor ión/consentimier de salud cuando s	el entorno escolar e aplique a mi hijo el emprometo a: de atención médica; y nto en caso de ea necesario. Fecha:
*Nurse Practitioner, Nurse Midwife, Physician Assistan Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del e procedimiento de atención médica especializada en con 1. Proporcionar los suministros y equipo necesaria 2. Avisarle a la enfermera escolar si hay un cambio 3. Avisarle a la enfermera escolar inmediatamente cualquier cambio en la autorización antes citad 4. Anualmente proporcionar autorización/ consen Dar consentimiento a la enfermera escolar para comunio Padre de familia/tutor (letra de molde): Teléfono del hogar:	city c: FurnishingNumber cizar el proceso de CATETERIZAC studiante cuyo nombre aparece arriformidad con las leyes y reglamento c); o en el estado de salud de mi hijo; o la y proporcionar una nueva autorizada. timiento escrito. carse con el proveedor de servicios o Firma:	IÓN ESTÉRIL en ba, solicito que so sestatales. Me co pien al proveedor ión/consentimier de salud cuando segmente.	el entorno escolar e aplique a mi hijo el emprometo a: de atención médica; y nto en caso de ea necesario. Fecha:
*Nurse Practitioner, Nurse Midwife, Physician Assistan Consentimiento del padre de familia para autor Yo, el abajo firmante, padre de familia/tutor (legal) del e procedimiento de atención médica especializada en con 1. Proporcionar los suministros y equipo necesario 2. Avisarle a la enfermera escolar si hay un cambio 3. Avisarle a la enfermera escolar inmediatamente cualquier cambio en la autorización antes citad 4. Anualmente proporcionar autorización/ consen Dar consentimiento a la enfermera escolar para comunio Padre de familia/tutor (letra de molde): Teléfono del hogar:	city t: FurnishingNumber rizar el proceso de CATETERIZAC studiante cuyo nombre aparece arri formidad con las leyes y reglamento o; o en el estado de salud de mi hijo; o l y proporcionar una nueva autorizac a. timiento escrito. carse con el proveedor de servicios o	IÓN ESTÉRIL en ba, solicito que so sestatales. Me co pien al proveedor ión/consentimier de salud cuando segmente.	el entorno escolar e aplique a mi hijo el emprometo a: de atención médica; y nto en caso de ea necesario. Fecha:

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