

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 APPROPRIATE BOX TO INDICATE AUTHORIZATION.
 NOTE: LAUSD SPECIALIZED PHYSICAL HEALTHCARE PROCEDURE FOR STERILE CATHETERIZATION 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. Time/Frequency to be performed at school _____ PRN if needed for _____

3. Special Instructions: _____

Authorized Healthcare Provider Authorization for STERILE CATHETERIZATION 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 STERILE CATHETERIZATION 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

