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

AGREEMENT FOR ON-SITE SERVICES BY LICENSED NURSING PROVIDER

Health Services will be provided for:		
Name of Student	Date of Birth	
School	Region	Date
CA Licensed Healthcare Provider Orders Include:		
SERVICES WILL BE PROVIDED BY:		
Name of Licensed Nursing Provider Title	CA License No.	Expiration Date
Name of Agency	Phone Number	
Agency Address		•
Days of Week: M T W Th F Number	of Hours Assigned to S	Student
Supervising Registered Nurse at Agency		
Insurance Information:		
Liability InsurerMalpraction	ce Insurer	
Date of Tuberculosis Clearance (within six months prior to service	e in the schools)	
I, the undersigned, am the parent, guardian, or other adult resp above. I hereby request that the above named Licensed Nursing I described services to my child on school premises.		
Parent/Guardian Signature		Date
I, the undersigned, acknowledge that I have received the original Licensed Nursing Provider.	Agreement for On-Site	Services by
Principal's Signature		Date
The School Nurse will: Initiate this agreement form at the start of services and the B 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 Programs For further information, call District Nursing Services Branch (213) 202-7580.	s, Roybal Annex.	·