School Year: _____

Please complete and return to the Health Clerk at school site

Fremont Union High School District

Parent's Request for Specialized Health Care Procedure(s)

List service(s): **Glucagon Injection – Emergency Care of Severe Hypoglycemia**

We (I) the undersigned, the parent(s)/guardian(s) of _____
Name of Student DOB

request that the following specialized physical health care service(s) be administered to our child. We understand that the school administrator will designate a qualified designated person(s) who, in accordance with Education Code Section 49423.5, will be performing the health care service(s) listed above and that, ***any non-licensed qualified designated person(s) who performs the service(s) will do so under the supervision of a qualified school nurse, public health nurse or qualified licensed physician.***

_____
Name of Physician *Phone Number*

_____
Street Address *City* *State* *Zip Code*

We understand that we are responsible for providing and bringing all necessary supplies and equipment, correctly labeled, with proper directions for use at school.

We will notify the school immediately if our child's health status changes, we change physicians, or the procedure(s) is/are changed or canceled. We understand that any change in procedures must be received in writing from the physician listed above.

We understand that, whenever possible, the specialized physical health care service(s) must be provided by the parents/guardians before or after school hours.

The school is authorized to provide emergency medical services for my child whenever the need for such services is deemed necessary.

We (I) the parent(s) or guardian(s) of the above named student, hereby release and hold harmless from any demands, claims actions, suit, or any liability of any nature of kind whatsoever, the Santa Clara County Superintendent of Schools, the Santa Clara County Board of Education, and all officers, employees, and agents of the Office of the Santa Clara county Superintendent of Schools who may act pursuant to our stated instructions, or pursuant to the instructions of the child's physician.

_____
Signature of Parent/Guardian *Date*

_____
Address: Street *City* *State* *Zip Code*

_____
Mother/Guardian Work Phone Mother/Guardian Home Phone

_____
Father/Guardian Work Phone *Father/Guardian Home Phone*