



FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino High School | Fremont High School | Homestead High School | Lynbrook High School | Monta Vista High School | Adult School

School Year: _____

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 _____ Date of Birth _____

request that the following specialized physical health care service(s) be administered to our child. We (I) 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