

Authorization For Care and Use of Feeding Tube

Date of Plan _____

Order is valid for entire 20____ - 20____ school year to include summer school

Student Name: _____ Birthdate: _____
Allergies: _____
School: _____
Phone: _____ Fax: _____

Diagnosis for feeding tube: _____

Indicate whether tube will be used for: ☐ Feeding ☐ Medications ☐ Hydration

Calculations based on: _____ weight on _____ date.

If used for medications the Authorization for Administration of Medication at School Form is required.

Authorization for Administration of Medication at School Form attached? ☐ Yes ☐ No

Tube Feeding:	
Formula Brand	<input type="checkbox"/> Pre-made <input type="checkbox"/> Home-made
Calories per ounce	
Liquid consistency/ Food texture	<input type="checkbox"/> Strictly NPO
Feeding schedule	
Method of delivery	<input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Nasogastric
Home recipe	
Calories	
Protein	
Fluid	
Rate of feed	
Instructions for flushing G-Tube	
Check for residual (Frequency)	

Call school nurse or primary physician if tube site becomes red, tender, has abnormal tissue build-up around the stoma, excessive leakage around tube, or if the tube is not functioning properly. **If the tube falls out, please call the school nurse IMMEDIATELY OR WITHIN 5 MINUTES to replace it. (GT only)**

I request and authorize that the above named student be provided care in accordance with the instructions indicated above. This order is valid during school hours or during such times the student is under the supervision of school officials.

Provider Name

Provider Signature

Date

Contact Number

Fax Number

G-Tubes that become dislodged or fall out: Please be aware that school staff **does not** have universal training to replace G-tubes. It is the responsibility of the parent and Health Care Provider to plan for safe replacement during the school day or school activities.

- I will notify the school immediately with any changes or cancellations.
- I understand that a procedure will not begin until adequate training of qualified staff is completed. Procedure might be delayed or missed due to unexpected circumstances or changes in the student's schedule.
- I agree to hold harmless any persons or educational institutions, from any liabilities that may occur in rendering this service except as might arise because of negligence on the part of its employees.
- I understand that I must provide all necessary supplies and equipment to perform this service.

By signing this form, I agree to all of the above information and I am explicitly requesting that a nurse or parent designated adult administer care to my child while under the supervision of the school.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Primary
Number

Parent/Legal Guardian Secondary
Number