Tube Feeding Authorization for School

Student's Name _____ Date of Birth _____

School District/School _____ Fax Number _____ School Nurses Signature _____ Date _____

This form provides health care provider and parental authorization for medical treatment to be provided during school hours. Both the prescribing health care provider and the parent/legal guardian are required to complete this document before the services can be provided. Any alteration of the form invalidates the authorization.

Note: Physician's orders are required for ***all medical procedures administered at school***. Please have your child's physician complete this portion of the form and return it to the school or have them fax it to the District Health Services or school nurse.

The following section is to be completed by the prescribing physician or health care provider: **The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following treatment that is necessary to be given during school hours for the child's health or safety. I am also aware that the prescribed treatment may be administered by trained non-medical personnel.**	
Diagnosis for which tube feeding will be required in school:	
Type of appliance placed: ☐ Peg/ Long G-Tube ☐ Low Profile G-Tube Button ☐ GJ-Tube ☐ J-Tube ☐ Other, describe:	
Type of formula:	Venting instructions:
Time(s) of tube feeding syringe water flush:	Amount of water flush:
Time(s) of formula feedings and amount: (If homemade blended formula, please specify minimum and maximum per feed)	
Tube feeding method: ☐ G-Tube ☐ J-Tube ☐ Gravity bag bolus ☐ Syringe bolus ☐ Pump-assisted bolus ☐ Continuous ☐ Mechanical pump – Type of pump	Rate of flow:
Is student allowed oral feedings? ☐ Yes ☐ No If yes, Type:	Frequency:
Side effects to be reported:	

Stoma Preservation Plan

Prompt attention is important if a gastrointestinal feeding tube becomes dislodged. The tract can narrow or close in less then one (1) hour if it is not preserved. Do not use the G-tube or Foley catheter for feedings or medications until placement is verified by the parent. **If stoma < 6 weeks old, placement must be verified by provider and stoma preservation may only be performed by a RN.**

School nurse or trained/delegated personnel will preserve the stoma:

- **Using a G-tube:** use new or dislodged balloon G-tube (Mic-Key) if available and undamaged. Deflate balloon, lubricate shaft with water-soluble lubricant if available (such as Surgilube) and insert into gastrostomy site. DO NOT INFLATE THE BALLOON. Secure in place with medical tape.
- **Using a Foley Catheter:** Use Foley catheter of the same diameter (French) or one size smaller than patient's dislodged G-tube. Lubricate the shaft with water-soluble lubricant if available and insert approximately 2-4 inches into gastrostomy site. DO NOT INFLATE THE BALLOON. Secure in place with medical tape.

Clinic Name _____ Phone Number: _____

Provider's Name (Print):_____Date:_____Fax Number: _____

Provider's Signature: _____

Parent/Legal Guardian Consent

The following section is to be completed by the parent/legal guardian:

I authorize this procedure to be performed by the school nurse or the nurse's delegatee as directed above. I agree to provide the needed supplies for the procedure and understand that new forms must be completed annually or with any changes in the student's health status. By signing this document, I give permission for the nurse or nurse designee to administer this procedure as prescribed and give my permission for this Health Care Provider to share information about this procedure with the Registered Nurse or nurse designee. The undersigned parent(s) or guardian(s) hereby agree(s) to exempt and release the school district and its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain or which they now have or may hereafter have arising out of the administration of this procedure. Should the G-Tube become dislodged, I will be immediately contacted by school personnel.

Parent/Guardian Name:		Relationship:
Home phone:	Business phone:	Emergency phone:
Parent/Guardian Signature:		Date: