



PARENT AGREEMENT FOR MIC-KEY GASTROSTOMY (G) TUBE RE-INSERTION

PARENT REQUESTING ASSISTANCE

I, _____, am the parent of _____, a student at _____. My child has a Mic-Key G tube catheter that will need to be re-inserted when it becomes dislodged or falls out. In the event you cannot reach my spouse or me within the first 15 minutes after this condition is noted (home _____, cell _____, other _____), I give my permission for _____ to be called to re-insert my child's Mic-Key G tube. He/she can be reached at the following numbers:
Home _____, Cell _____, Other _____.

I understand that if the above parent or designee cannot be reached or is not available, the squad will be called to transport my child to the hospital for re-insertion of the tube.

Parent/Guardian Signature Date

AGREEMENT TO ASSIST

I am knowledgeable as to the reinsertion of a Mic-Key G tube should it become dislodged or fall out. I, _____, have been requested by _____ to re-insert his/her child's Mic-Key G tube in the event the above parent(s) cannot be reached within the first 15 minutes after their child's tube is noted to be dislodged or fallen out. I am willing to accept all responsibility for performing this procedure as requested by the parent.

Signature Date

