

ONLY FILL OUT IF YOUR CHILD HAS ENTERAL FEEDINGS OR SIGNIFICANT SWALLOWING ISSUES

Effective Date: _____

Name: _____ DOB: _____

School: _____ Grade: _____

Parent Name(s): _____ Cell _____ Work: _____

Other Contact: _____ Cell _____ Work: _____

Health Care Provider's Name: _____ PH: _____

Fax: _____

MEDICAL DIAGNOSIS

Student will need G-tube Feeding while at school ___ No ___ Yes

Can student take anything by mouth? ___ No ___ *Yes If so please describe consistency (e.g. nectar-thick, no thin liquids, etc.):

Type of G-Tube: _____ Date of Placement: _____

Name of formula: _____

Gravity: ___ No ___ Yes Pump to be used: ___ No ___ Yes Type of Pump: _____ Flow Rate: _____ cc/hr

Steps to confirm tube placement: _____

Volume to be given: _____ cc over _____ minutes

Volume of water before feeding: _____ cc Volume of water after feeding: _____ cc

Feeding times while at school: _____

Positions: During Feeding: _____ After Feeding: _____

Medication to be given with feeding: ___ No ___ *Yes- Name of Medication/Instructions:

*An "Administration of Medication at School" form must be completed by parent and physician to administer any medication at school. *

List of supplies that parents will provide to school:

(Parents must supply all g tube supplies, formula and suction as necessary, with replacement tubing every 30 days or per manufacturer recommendation)

Any problems/concerns/reasons to withhold feeding: _____

Emergency Plan and Directions to follow should the tube become dislodged: _____

Additional Information: _____

(If the gastrostomy button/tube is inadvertently removed or comes out at school, the School Health Personnel will immediately call the parent/guardian. The parent/guardian will be responsible to pick up the student. The school nurse will attempt to reinsert the button/tube.)

Other Considerations:

- G-Button pulled out of stoma – cover with a clean gauze and notify parent/guardian immediately.
- Skin breakdown around site exhibited by redness, drainage, irritation, and bleeding- treat per Doctor's guidelines, notify parent/guardian.
- Aspiration of fluid into lungs exhibited by difficulty breathing or changes in color – Stop feeding immediately and notify parent/guardian.
- Intolerance of feeding exhibited by nausea, vomiting, cramping, coughing and/or gagging – Stop feeding. Check the rate of the feeding; may need to be decreased. Notify parent/guardian

*Students who require the use of a feeding tube at school will be allowed to participate in school sponsored activities/field trips, but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the activity.

Physician Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____