FRIENDSHIP SCHOOL

525 Third Street, Imperial Beach CA 91932 (858) 298-2213 FAX (619) 423-6007



AUTHORIZATIO	N FOR G-TUBE.	J-TUBE AND B	OLUS	S FEEDS
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Name of student:	Date of birth:	Age:
I, the undersigned, as the physician for the above-named student, do recommend a this pupil during school hours:	and approve the following proced	lure to be provided to
1. Procedure (circle one): G Tube pump J tube pump	Bolus	
Formula Type/Name:	edule or PRN:	
Amount:		_
Rate:		_
Time of Day:		_
Water Flush: (circle one) YES NO		
Water flush via: (circle one) G tube pump J tube pump Bolus		
Water flush amount to be given after feed:		
Additional (if any) water to be give (time and amount)		
Is parent authorized to make changes to feeding/flush times and amounts at their discre	etion? YES NO	
 Please check one item and sign the attached procedure: I have reviewed the procedure found on Friendship School's website. htt I have reviewed and approved the attached procedure with my modificated that the procedure is a sign or symptoms or orders for the procedure. Please list any signs or symptoms that may indicate an emergency situation if necessary) I understand that the procedures: Must be ones that can be learned in a reasonable amount of time Should not require the presence of a physician, medical judgment amount of time to be provided or performed Must be provided or performed during the school day so that the educational program 	tions, which I have noted. List the emergency procedures. based on extensive medical train	(Attach additional page
Must be ordered by a licensed physician and surgeon The medical justification for providing the procedure(s) during school hours in the procedure of t		
Signature of Physician NPI #	Date	
Address	Telephone	
We understand that the school administrator will appoint a qualified designated per 49423.5, will be performing the health care service listed above and that any nonling service will do so under the supervision of a qualified school nurse, public health nursunderstand that in performing this service, the designated person(s) will be using a will make sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure there is a backup g-tube button for meaning the sure that the sure that the sure that	censed qualified designated perso rse, or qualified licensed physician procedure that has been approve	on(s) who performs the n and surgeon. We
Signature of Parent/Guardian	<mark>Date</mark>	