

FRIENDSHIP SCHOOL

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



AUTHORIZATION FOR G-TUBE, J-TUBE AND BOLUS FEEDS/AUTORIZACIÓN PARA ALIMENTACIÓN CON TUBO G, TUBO J Y BOLUS

Nombre del estudiante: _____ Fecha de nacimiento: _____ Edad: _____

I, the undersigned, as the physician for the above-named student, do recommend and approve the following procedure to be provided to this pupil during school hours:

1. Procedure (circle one): G-tube pump J-tube pump Bolus

Formula Type/Name: _____

2. The procedure(s) is (are) to be provided according to the following time schedule 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 Venting required to release gas? YES NO

Is parent authorized to make changes to feeding/flush times and amounts at their discretion? YES NO

3. Please check one item and sign the attached procedure:

- I have reviewed the procedure found on Friendship School's website. <http://www.sdcoe.net/ssp/speced/friendship/?loc=parent>
- I have reviewed and approved the attached procedure with my modifications, which I have noted.
- I have attached my recommendations or orders for the procedure.

4. Please list any signs or symptoms that may indicate an emergency situation. List the emergency procedures. (Attach additional page if necessary)

5. 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 based on extensive medical training, or an undue amount of time to be provided or performed
- Must be provided or performed during the school day so that the pupil can attend school or benefit from this or her educational program
- Must be ordered by a licensed physician and surgeon

6. The medical justification for providing the procedure(s) during school hours is:

Signature of Physician

NPI #

Date

Address

Telephone

Entendemos que el administrador de la escuela nombrará a una persona designada calificada que, de acuerdo con la Sección 49423.5 del Código de Educación, realizará el servicio de atención médica mencionado anteriormente y que cualquier persona designada calificada sin licencia que realice el servicio lo hará por lo tanto, bajo la supervisión de una enfermera escolar calificada, una enfermera de salud pública o un médico y cirujano licenciado calificado. Entendemos que al realizar este servicio, la(s) persona(s) designada(s) utilizará(n) un procedimiento que ha sido aprobado por nuestro médico. Yo _____ me aseguraré de que haya un botón de sonda gástrica de respaldo para mi hijo en la escuela en todo momento.

Signature of Parent/Guardian

Date

