



DORCHESTER SCHOOL DISTRICT TWO
2023-2024 NUTRITIONAL SUPPLEMENT REQUEST FORM



The following is to be completed by a physician/legal prescriber.

Name of Student: _____ DOB: _____ Grade/Section: _____

Name of Nutritional Supplement: _____

Amount: _____ ICD-10 Code: _____

Times to be given at school: _____

Please check and complete those that apply:

- Oral Nutrition _____
- Per Pump _____ at a Rate of _____ Flush with _____ cc of water
- Per Gravity Syringe _____ Flush with _____ cc of water
- Deliver _____ cc of water daily at _____ o'clock
- Prior to administration of formula gently draw back on the syringe plunger: Yes _____ No _____ N/A _____
- If aspiration greater than _____ cc DO NOT feed. Delay _____ minutes, and then repeat aspiration
- If the aspirate continues to be greater than _____ cc hold feeding
- Additional notes: _____

Physician/Legal Prescriber (Print Name and Title)

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax Number

Date

The following is to be completed by a parent/legal guardian.

1. I, the undersigned, ask that the above formula to be administered to my child as directed and here by release everyone participating in this request from any and all liability associated therewith or stemming there from.
2. When the school nurse is not available, the principal's designees will assist your son/daughter in taking his/her nutritional supplement.
3. Parent/legal guardian must bring the formula in an unopened bottle.
4. Parents are reminded that tube feedings will not be administered at school without a Dorchester School District Two Nutritional Supplement Request Form completed by a legal prescriber and signed by the parent/or legal guardian.
5. Parents are also reminded that school personnel will dispose of formula not claimed at the end of the school year.
6. All formula will be handled in accordance with the above guidelines through the school nurse or principal's designee.
7. I authorize the school nurse to contact my child's provider for information concerning my child when necessary.

Signature of Parent/Legal Guardian

Date