PEARLAND INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

G-TUBE FEEDING TREATMENT AUTHORIZATION

Instructions: This form is to provide medical and parental authorization for Tube feeding treatment to be provided during school hours. Both the Physician and Parent/Legal Guardian portions of this authorization form must be completed entirely, signed, and returned to the school before the treatment may be administered.

Student Name _____ Sex _____ DOB _____ Grade _____

School _____ Phone _____ Fax _____

The following section is to be completed by the prescribing Physician: The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following treatment, which is necessary to be given in school. I am aware that this physician-prescribed service may be performed by trained, medically-unlicensed school district personnel.

Diagnosis for which tube feeding will be required in school		
Allergies (list)		
Type of Gastrostomy appliance placed	☐ PEG ☐ Button ☐ G-Tube ☐ Other (describe)	
Tube feeding formula		Amount of tube feeding
Tube flush		Amount of tube flush solution
Time and frequency of feedings		
Is it necessary to measure residual stomach contents? ☐ No ☐ Yes	If yes, will the residual content alter feeding volume? ☐ No ☐ Yes	If yes, indicate the residual amount that would prohibit feeding at the prescribed time ____cc total volume
Tube feeding method	☐ Bolus by gravity ☐ Bag ☐ Syringe	☐ Mechanical Pump Type of pump _____ Rate of flow ____cc/hr

Physician Name _____ Phone _____

Physician Address _____

Physician Signature _____ Date _____

The following section is to be completed by a Parent/Legal Guardian:

I hereby grant permission to the principal or his/her designee of _____ School to assist in the administration of the above prescribed treatment to my child while in school and away from school while participating in official school activities. **It is my responsibility to notify the school if and when these orders change**. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such treatment where the person administering such treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Name _____ Relationship _____

Phone: Emergency _____ Home _____ Work _____

Address _____

Signature _____ Date _____

List child's allergies: _____