



Gastrostomy Tube Parent Intake and Consent Form

Student Name: _____ Grade: _____ DOB: _____

Physician Name: _____ Phone: _____

Emergency contact numbers in the sequence to be called:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

How long has your child had a gastrostomy tube? _____ What type? _____

Has your child ever pulled the G-tube out? YES No How often? _____

Does your child take anything by mouth: YES No If yes, must complete feeding/swallowing intake form.

Do you have any concerns related to the G-tube that we should be made aware of?

What will the G Tube be used for at school? *(please check all that apply)*

- Continuous feeding by pump LIST TYPE OF PUMP HERE: _____
- Intermittent Feeding Water Meds (must submit a medication permission form, see attached)
- Not to be used at school

Administration to be performed by: RN/Trained school staff Student (with RN/trained school staff assist as needed)

Please list name of formula, water to be given, and times feedings need to be administered at school:

Name of Formula: _____ *(if powder formula, must come to school pre-mixed)*

Do you add water to the formula bag? YES/NO If YES, how much? _____

Times/Amount of Formula to be given:

TIME: _____ AMOUNT: _____ TIME: _____ AMOUNT: _____

TIME: _____ AMOUNT: _____ TIME: _____ AMOUNT: _____

FLUSH G-TUBE: Before w/ _____ cc water. After w/ _____ cc water. Does not need to be flushed.

Please list any water boluses to be provided at school:

TIME: _____ AMOUNT: _____ TIME: _____ AMOUNT: _____

Parents will provide all necessary supplies for their child.

- Extension set with feeding and medication port Feeding formula Syringe
- Packet of water soluble lubricant Spare gastrostomy tube set Feeding bag
- Pump/Brand/Manual
- Other supplies



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Parent/Legal Guardian Consent to Treatment

The following section is to be completed by the parent/legal guardian:

- I consent to the school RN and delegated school staff trained by the school RN to assist in the administration of the above prescribed treatment to my child while in school or away from school (while participating in official school activities).
- I understand my responsibility to notify the school nurse and to provide physician orders for all prescribed treatments and procedures related to my child and that the school must follow orders as written. This includes any changes to orders during the school year. I understand that these orders are valid for one school year.
 - I understand that in the event my child's g-tube becomes dislodged or malfunctions, and no RN/parent/legal guardian/or emergency contact is available to maintain the tract, the school will call EMS to assist.
 - I understand that a parent will be contacted and my child's feeding will be stopped for any concern related to the g-tube feeding and/or site, such as a blocked tube, signs of infection, severe abdominal discomfort, vomiting, diarrhea, trouble passing gas, trouble having a bowel movement, etc.
 - I give consent for my child's doctor to be contacted for information regarding the administration of the treatment listed on this form and will provide a signed release of information (attached).
 - I agree to provide all treatment supplies and that I agree to pick up all supplies at the end of the school year or they may be discarded.

If my child's G-tube is dislodged or removed during school hours:

- I DO give consent for a trained school RN to re-insert my child's G-tube at school as per physician order. I understand that if a trained RN is not available that school staff will place a gauze over the site and I will be responsible to reinsert the tube within the allotted time as ordered by my child's physician.
- I DO give consent for the designated emergency contact listed below to re-insert my child's G-tube at school as per physician order. I understand that if a trained RN is not available, school staff will place a gauze over the site, contact me and I will be responsible to reinsert the tube within the allotted time OR a trained emergency contact will reinsert the tube (with non-licensed school staff present).

DESIGNATED EMERGENCY CONTACT I DELEGATE TO RE-INSERT TUBE: _____
PHONE: _____

*Parent will be notified of G-tube dislodgement AND any reinsertion procedures.

*Following a reinsertion, correct placement of tube will be confirmed by the parent or doctor, and the **FIRST feeding after reinsertion will be performed and supervised by the parent or designated emergency contact.**

- I DO **NOT** give consent for a trained school RN or trained emergency contact to re-insert my child's G-tube. If it becomes dislodged, please cover the sight, contact me immediately so I may seek medical attention and direction for my child.

***If there is no RN, parent, or parent emergency delegate available within the physician allotted time (see physician order), EMS will be called to reinsert.**

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____