PEARLAND INDEPENDENT SCHOOL DISTRICT
SCHOOL 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	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: _____

Signature: _____ Date: _____