SIDNEY CITY SCHOOLS

750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
MAIN: 937-497-2200
FAX: 937-497-2211

G-TUBE ACTION PLAN

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: _____

Provider's Name: _____ Provider's Phone: _____

Provider's Fax Number: _____

According to our records, you have informed the school that your child has a G-Tube in place. Please complete the information below. This will help school staff to know more about how your child reacts to his/her medical condition and the best way to protect the health and safety of your child while at school.

How often does your child's G-Tube become dislodged?

_____

In the event the G-Tube becomes dislodged, it will be covered with a clean dressing, and time will be documented.

Please list in order the names and phone numbers of the people to contact in the event your child's G-Tube becomes dislodged or unusual/non-routine care is needed.

1. Name:_____ Relationship: _____Number: _____

2. Name: _____Relationship: _____Number: _____

3. Name: _____Relationship: _____Number: _____

If all numbers have been exhausted and **25** minutes have passed, please transport this student to the local hospital for appropriate treatment.

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year.

_____

Parent/Guardian's Signature Date

Revised 11/24;6/25 Office Use Only - Homeroom/Grade _____