SIDNEY CITY SCHOOLS

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

ORDER FOR G-TUBE FEED

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: _____

Student's needs while at school:

_____ Feeding
_____ Medication
_____ Is NPO at all times
_____ May receive fluids by mouth
_____ May receive oral feedings

Specify consistency and extra instruction:

_____
_____
_____

Date order to begin: _____ Date order to end: _____

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year. Thank you for your cooperation and help in providing the best care for your child.

_____
Provider's Signature Date

_____
Parent/Guardian's Signature Date

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