



Dublin City School District

Students
5335.02 F7
Revised 10/16/25

Parent Agreement for Gastrostomy (G) Tube Reinsertion

PARENT/GUARDIAN REQUESTING ASSISTANCE

I, _____, am the parent/guardian of _____,
a student at _____. My child has a G tube catheter that will need to
be re-inserted if it becomes dislodged or falls out. In the event you cannot reach a parent/guardian, I
give my permission for _____ to be called to reinsert
my child's G tube.*

This designated individual can be reached at the following numbers:

Home _____, Cell _____, Other _____.

I understand that if the above parent or designee cannot be reached or is not available, the squad will be
called to transport my child to the hospital for re-insertion of the tube.

Parent/Guardian Signature

Date

***It is recommended that the parent/guardian add the designated individual to this student's
Emergency Medical Authorization.**

AGREEMENT TO ASSIST

I am knowledgeable as to the reinsertion of a G tube should it become dislodged or fall out. I,
_____, have been requested to reinsert the above-named student's G tube
in the event the parent/guardian cannot be reached. I am willing to accept all responsibility for performing
this procedure as requested by the parent/guardian.

Designee's Signature

Date