

## PARENT AGREEMENT FOR MIC-KEY GASTROSTOMY (G) TUBE RE-INSERTION

### PARENT REQUESTING ASSISTANCE

I, \_\_\_\_\_, am the parent of \_\_\_\_\_, a student at \_\_\_\_\_. My child has a Mic-Key G tube catheter that will need to be re-inserted when it becomes dislodged or falls out. In the event you cannot reach my spouse or me within the first 15 minutes after this condition is noted (home \_\_\_\_\_, cell \_\_\_\_\_, other \_\_\_\_\_), I give my permission for \_\_\_\_\_ to be called to re-insert my child's Mic-Key G tube. He/she 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

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### AGREEMENT TO ASSIST

I am knowledgeable as to the reinsertion of a Mic-Key G tube should it become dislodged or fall out. I, \_\_\_\_\_, have been requested by \_\_\_\_\_ to re-insert his/her child's Mic-Key G tube in the event the above parent(s) cannot be reached within the first 15 minutes after their child's tube is noted to be dislodged or fallen out. I am willing to accept all responsibility for performing this procedure as requested by the parent.

\_\_\_\_\_  
Signature Date

