



# DORCHESTER SCHOOL DISTRICT TWO 2026-2027 NUTRITIONAL SUPPLEMENT REQUEST FORM

INTERNAL USE ONLY:	
<input type="checkbox"/>	Supplies Received/Labeled
<input type="checkbox"/>	Order Entered into SNAP
<input type="checkbox"/>	ICD-10/Billable Time
<input type="checkbox"/>	Order Scanned into SNAP
<input type="checkbox"/>	Condition Entered
<input type="checkbox"/>	IHP Created
<input type="checkbox"/>	EAP Created (if needed)

The following is to be completed by a physician/legal prescriber.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Nutritional Supplement: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_

Please check and complete those that apply: Student is NPO:  Yes  No

Oral Nutrition \_\_\_\_\_

Per Pump \_\_\_\_\_ at a Rate of \_\_\_\_\_ Flush with \_\_\_\_\_ cc of water

Per Gravity Syringe \_\_\_\_\_ Flush with \_\_\_\_\_ cc of water

Per Bolus \_\_\_\_\_ Flush with \_\_\_\_\_ cc of water

Deliver \_\_\_\_\_ cc of water daily at \_\_\_\_\_ o'clock

Prior to administration, check for residuals via aspiration

If aspiration is greater than \_\_\_\_\_ cc hold feed

Delay for \_\_\_\_\_ minutes, and then repeat aspiration

If the aspirate continues to be greater than \_\_\_\_\_ cc hold feeding

After feeding, does tube need to be vented?  Yes, for \_\_\_\_\_ (time)  No

Additional notes: \_\_\_\_\_

\_\_\_\_\_  
Physician/Legal Prescriber

\_\_\_\_\_  
Signature of Physician/Legal Prescriber

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Fax Number

\_\_\_\_\_  
Date

The following is to be completed by a parent/legal guardian.

1. I, the undersigned, ask that the above nutritional supplement be administered to my child as directed and hereby release everyone participating in this request from any and all liability associated therewith or stemming there from.
2. I understand that additional staff may be trained to assist with the request above.
3. Parent/legal guardian must bring nutritional supplements in an unopened container and is responsible for providing all other supplies needed to carry out these orders. I understand that the use, replacement, and disposal of all supplies will be done following manufacturer guidelines.
4. Parents are reminded that school personnel will dispose of items not claimed at the end of the school year.
5. School Nurse or other staff will not replace a tube if dislodged but will contact parent/guardian immediately.
6. All nutritional supplements will be handled in accordance with the above guidelines through the School Nurse or trained designee.
7. I authorize the School Nurse to contact my child's provider for information concerning these orders when necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date