



RACINE UNIFIED SCHOOL DISTRICT
Health Services
Tube Feedings at School

PARENT/GUARDIAN REQUEST:

Student's Name: _____ Date of Birth: _____
Please Print

Parent/Guardian's Name: _____ Date Requested: _____

I request that my child, named above, receive the following procedure at school using the doctor's orders written below. I give permission for the school nurse to contact the doctor or the doctor's representative to clarify any questions about the procedure. I understand that this procedure requires a new order each school year or if there is any change. I understand that I am responsible for providing all supplies related to this procedure.

Procedure: [] Gastrostomy feeding [] Jejunostomy feeding Latex Allergy: [] YES [] NO

Parent/Guardian's Signature: _____

PHYSICIAN'S ORDERS:

Student's Name: _____ Date of Birth: _____

Physician's Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

I authorize that the student named above receives a gastrostomy and/or jejunostomy feeding(s) at school per the orders below. I understand that a school district employee(s) trained by the school nurse following school district protocols will perform the procedure.

Length of order: [] Full School Year/Summer School [] From _____ to _____

Type of tube (G tube/J tube): _____ Type of formula/feeding: _____

Latex Precautions: [] Yes [] No

Amount of feeding: _____ Time(s) of feeding(s): _____

Feeding method: [] Bolus feeding by syringe [] Gravity drip by feeding bag

[] Continuous drip by feeding pump Rate: _____ Type of pump: _____

Extra free water: [] No [] Yes If yes, amount: _____ [] After feedings [] After meds [] Bolus

Feedings by mouth: [] Allowed [] Not allowed

If feedings are allowed by mouth, type of foods (please be specific or attach a separate sheet):

If tube comes out: [] Do not reinsert. Instructions: _____
[] Reinsert using: _____

Does this order replace a previous order: [] No [] Yes If yes, the previous order will be discontinued.

Comments: _____

Physician's Signature: _____ Date: _____

