

# Chattahoochee County School System

Cusseta, GA 31805

## Gastrostomy Feeding Authorization Form

Instructions: This form is to provide medical and parental authorization for Tube feeding treatment to be provided during school hours. Both the Physician and Parent/Legal Guardian portions of this authorization form must be completed entirely, signed, and returned to the school before the treatment may be administered.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
FAX Number

### The following section is to be completed by the prescribing Physician:

*The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following treatment, which is necessary to be given in school. I am aware that this physician prescribed service may be administered by non-medically trained staff.*

**Diagnosis for which tube feeding will be required in school:**

**Allergies:**

**Type of Gastrostomy appliance placed:**

*PEG*

*Button*

*G-Tube*

*Other (describe)*

**Tube Feeding Formula:**

**Amount of Tube Feeding:**

**Flush Solution:**

**Amount of Flush Solution:**

**Time & Frequency of feedings:**

**Is it necessary to measure residual stomach contents?**

Yes

No

**If yes, will the residual content alter feeding volume?**

No

Yes → If yes, please indicate the residual amount that would prohibit feeding at the prescribed time : cc total volume.

**Tube feeding method:**

Bolus by gravity

Bag

Syringe

Mechanical Pump

Type of pump \_\_\_\_\_

Rate of flow cc/hr.

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's address: \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

**The following section is to be completed by a Parent/Legal Guardian:**

I hereby grant permission to the principal or his/her designee of the Chattahoochee School System to assist in the administration of the above prescribed treatment to my child while in school and away from school while participating in official school activities. It is my responsibility to notify the school if and when these orders change.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of such treatment where the person administering such treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

List child's allergies: \_\_\_\_\_