



MUSKEGO-NORWAY SCHOOL DISTRICT
Parent/Physician Order Form
G-TUBE FEEDING PROCEDURE CONSENT

453.4 (E-3)

I hereby request and authorize that

\_\_\_\_\_ of \_\_\_\_\_,
(Student's Name) (School)

receive the following tube feeding during the school day. DATE EFFECTIVE: \_\_\_\_\_ to \_\_\_\_\_

I agree to hold the Muskego-Norway School district harmless in any and all claims arising from the benefits or consequences of this tube feeding which the physician has prescribed and my child has taken. Furthermore, I agree to hold the district harmless of any responsibility for assuring that the tube feeding is administered.

PHYSICIAN CONSENT FOR TUBE FEEDING

Your signature on this document attests to your willingness and intent to direct, supervise, decide, and oversee the administration of the feeding.

\_\_\_ Feeding by gravity \_\_\_ Feeding by pump

Please specify diet that will be given during the school day:

TYPE of feeding: \_\_\_\_\_ AMOUNT: \_\_\_\_\_
FREQUENCY of feedings during school day: \_\_\_\_\_

FLUSHING:

\_\_\_ I DO order g-tube to be flushed: Before feeding or medication with \_\_\_\_\_ ml of water
After feeding or medication with \_\_\_\_\_ ml of water
\_\_\_ I DO NOT order g-tube to be flushed.

POSITION:

\_\_\_ Remain elevated for at least \_\_\_\_\_ minutes after feeding is administered.
In the event a g-tube is dislodged or removed, parent will be notified and responsible for replacing the tube and deciding what further action they deem necessary.

COMMENTS: We urge that all instructions be stated in the language of the lay person administering the feeding.

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_
(Physician Signature)

\_\_\_\_\_
(DATE)

\_\_\_\_\_
(Physician Name-printed)

\_\_\_\_\_
(Telephone Number)

PARENT/GUARDIAN STATEMENT

I, the undersigned parent/guardian, hereby request the school nurse and/or trained personnel to administer the above procedure according to the physician's instructions. I agree to notify the school nurse immediately if there are any changes in the student's status or physician's orders.

I, the undersigned, hereby authorize the Muskego-Norway School District staff to disclose by any means (including written, oral, or electronic) information regarding this form to the physician listed.

I, the undersigned, hereby authorize the physician listed on this form to disclose by any means (including written, oral, or electronic) information regarding this form to the Muskego-Norway School District.

\_\_\_\_\_
(Parent/Guardian Signature)

\_\_\_\_\_
(DATE)

\_\_\_\_\_
(Home phone)

\_\_\_\_\_
(Work phone)

\_\_\_\_\_
(Cell phone)