



## Parent Consent and Authorized Healthcare Provider Authorization for Management of Gastrostomy at School and School-sponsored Events

<b>Pupil:</b>	<b>DOB:</b>	<b>Date:</b>
<b>School:</b>	<b>Teacher/Rm:</b>	<b>Grade:</b>
<b>Medical Office:</b>	<b>Patient Identification #:</b>	
<p><b>1. Type of feeding device</b></p> <input type="checkbox"/> Gastrostomy tube—Type: _____ Size: _____ Adjusted tube length: _____ <input type="checkbox"/> Gastrostomy button <input type="checkbox"/> MIC-KEY <input type="checkbox"/> BARD <input type="checkbox"/> Other: _____ Size: _____ <p><b>2. Gastrostomy Feeding</b></p> <ul style="list-style-type: none"> <li>• Time(s) of feeding: _____</li> <li>• Type of Formula: _____ Amount/feeding: _____</li> <li>• Water---Amount before feeding : _____              Amount after feeding: _____              Other: _____</li> <li>• Duration of each feeding: _____</li> <li>• Feeding method             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bolus</li> <li><input type="checkbox"/> Slow-drip: <input type="checkbox"/> Gravity rate _____  <input type="checkbox"/> Pump rate: _____</li> </ul> </li> <li>• Pupil's position during feeding: _____</li> </ul> <p><b>3. Residual</b></p> <input type="checkbox"/> Check residual <input type="checkbox"/> Residual check not necessary <input type="checkbox"/> Feed if residual < _____ <input type="checkbox"/> Hold feeding if residual > _____ Additional instructions: _____ <p><b>4. Medication administered via g-tube at school:</b></p> <input type="checkbox"/> Yes [medication authorization(s) attached] <input type="checkbox"/> No	<p><b>5. Decompression:</b> <input type="checkbox"/> Not needed  <input type="checkbox"/> Before feeding <input type="checkbox"/> After feeding <input type="checkbox"/> During feeding</p> <p><b>6. If gastrostomy tube becomes dislodged:</b>  <input type="checkbox"/> Cover site and notify parent/guardian          *If parent not available, call 911 or emergency contact*          Reinsertion must occur within: _____</p> <p><b>7. Fundoplication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____</p> <p><b>8. Oral feedings</b>          Feeding evaluation: <input type="checkbox"/> Yes (copy attached) <input type="checkbox"/> No  <input type="checkbox"/> NPO (Nothing by mouth)  <input type="checkbox"/> Tiny tastes of food/liquids  <input type="checkbox"/> Thin liquids (i.e. formula, milk, juices, water, popsicle)  <input type="checkbox"/> Thick liquids (i.e. nectar, milk shake, ice cream, yogurt, thickened juices)  <input type="checkbox"/> Thickener: _____ Amount: _____</p> <p><input type="checkbox"/> Pureed foods (i.e. applesauce)  <input type="checkbox"/> Other: _____</p> <p><b>9. Other pertinent information/recommendations signed and attached to authorization form.</b></p>	
<p><b>Authorized Healthcare Provider Authorization for Management of Gastrostomy In School Setting</b> My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.</p> <p><b>Authorized Healthcare Provider Name</b> _____ <b>Signature</b> _____  <b>Date</b> _____ <b>Phone</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>Zip</b> _____  <b>Nurse Practitioner, Physician Assistant: Furnishing Number</b> _____  <b>Supervising Physician Name</b> _____ <b>Address</b> _____ <b>Phone</b> _____</p>		
<p><b>Parent Consent for Authorization and Management of Gastrostomy in School Setting</b></p> <p>I (we) the undersigned, the parent(s)/guardian(s) of the above name pupil, request that the specialized physical healthcare service, gastrostomy management, be administered to my (our) child in accordance with state laws and regulations. I (we) will:</p> <ol style="list-style-type: none"> <li>1. Provide the necessary supplies and equipment;</li> <li>2. Notify the school nurse if there is a change in child's health status or attending authorized provider; and</li> <li>3. Notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.</li> </ol> <p>I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.          Parent(s)/Guardian(s) Signature _____ Date: _____          Date: _____</p>		