Intermediate School District 917 Consent for Administration of Special Health Care Procedures: Feeding Tube Management

Student		Birth Date	School Year
Pri	imary Dx ICD-10	Dv	ICD-10
site <u>wri</u>	rents/guardians requesting specialized procedures for e care and gastrostomy tube replacement and related itten approval from a physician and parent. The proceducensed School Nurse.	d needs) during school hours by s	chool personnel are required to provide
••••	Parent/G	Guardian Authorization	
	I authorize the school nurse to contact the licensed provide	_	tion/s.
	·	•	
•	I understand that parent/guardian authorization is require must have a physician or licensed provider authorization. I understand that I must provide all medication(s) and equal understand all medications must be provided with an acceptation to be divided into two containers-one for schewith label and directions. I will notify the school immediately if my childs health state The medication may not necessarily be administered by a and supervised by a licensed school nurse. I have read this Parent/Guardian Authorization section are	uipment for the procedure(s) below. curately labeled prescription container bol, & one for home) Nonprescription tus changes or there is a cancellation a school nurse. The medications may be	. (Please ask your health provider for the medications must be in an original container of the procedure(s). De administered by school personnel trained
Pa	rent/Guardian Signature		Date
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Ту	pe and Size of Gastrostomy Tube or Jejuno	stomy Tube:	
	Foley type catheter SizeFrench w/	amount of water in balloon	cc
	Skin-level device (Button w/inflatable balloon)		
	Size Frenchstem w/ amount of water in ba	alloon cc	
	Other		
Μe	ethod of Feeding:		
	Bolus feeding: Amount Formula		
	Continuous drip by gravity Amount		
	Continuous drip by pump: Amount(
	mount of water to receive during school day		
	recautions and/or adverse reactions	, an aminar O turbar	
	enting (allowing decompression of abdomen) by		
	Routinely at the following times\ As needed when:Coughing/Gagging\		
	eplacement of G-tube (by trained health asso		
	May check balloon for amount of water if appearing to be	- 7	ownig.
_	Accidental dislodgement at school	.oaking	
	te care:		
	Clean site w/ soapy water if site has drainage or is damp		
_	May cover w/ gauze dressing if drainage persists		
_	Other		
	tube Management Precautions/ Special Insti	ructions	
Ph	nysician Signature		Date
	r office use only: LSN Signature me of Staff Routing		Date Date

Please check off who was routed this form ___Student File ___ IEP Manager ___ 917 LSN __Building Nurse