



Enteral Tube Feedings at School 2019-2020

Date:

Patient Name:

Date of Birth:

Address:

Enteral Tube Feeding Instructions:

Enteral Feeding Via:

Type of Supplement:

Feeding Instructions:

Flush Instructions After Feeding Completion:

Precautions:

In the event the enteral feeding tube becomes dislodged or removed:

To Be Completed by Healthcare Provider:

I have reviewed and agree with the enteral tube feeding instructions at school as noted above.

Provider name: _____

Provider Signature: _____ Date: _____

To Be Completed by Parent/Guardian:

I give permission for my child to receive tube feedings at school according to the school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the tube feed in its original containers to the school.
- Notify the school immediately if there is any change in the tube feeding orders.
- Have a new form completed by the doctor if tube feed order is changed.
- Notify the school of changes in healthcare provider.

Allow School Health Services staff to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above.

Patient School: _____ Class/Grade: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

Other Emergency Contact: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

THIS FORM EXPIRES ONE YEAR FROM HEALTHCARE PROVIDER SIGNATURE DATE
This form is in accordance with ORC 3313.713 for drug administration