



HARFORD COUNTY PUBLIC SCHOOLS TREATMENT POLICY AND PERMISSION FORM- TUBE FEEDINGS

It is occasionally necessary to administer tube feedings to students during the school day by personnel of the Harford County Public Schools. In order to do this, signed authorization is required from both health care provider and parent/guardian stipulating the information for this school year indicated below. These orders are valid for the current school year only.

Student's Name: _____ Birth Date: _____

Address: _____ Phone: _____

School: _____

Health Care Provider's Authorization:

Diagnosis of why child is tube fed: _____

PO Diet if permitted: _____

Type of tube feed mechanism (GT, JT, GT/JT, Mickey): _____

Size of Tube: _____

Type of Tube Feeding (formula): _____

Rate and Duration of Tube Feeding: _____

Time Feeding should be administered: _____

Tube Feed flushes: _____

Orders if tube feed comes out: _____

Oral Stimulation/Oral hygiene needs: _____

Health Care Provider's signature: _____

Phone/ Fax: _____ Date: _____

Parent/Guardian Permission:

- I request designated school personnel to administer the medication as prescribed by the above health care provider.
- I certify that I have legal authority to consent to medical treatment for the student named above.
- I authorize the school nurse to communicate with the health care provider as needed.

Early dismissal days: Administer tube feeding _____ Omit tube feeding _____

Delayed opening days: Administer tube feeding at usual time: Yes ____ No ____ Alternate time to administer _____

Parent/Guardian signature: _____ Date: _____