

PINELLAS COUNTY SCHOOLS
SCHOOL HEALTH SERVICES
FEEDING TUBE PHYSICIAN ORDER FORM

Student Name _____ Birthdate _____

School _____ Grade _____ Teacher _____

Parent/Guardian Name _____ Parent/Guardian phone _____



1. Type of feeding _____ Amount of feeding _____ Route: GT ____ JT ____

2. Given via: Bolus ____ Push (**blended diet only**) ____ Pump ____ Pump rate/hour: _____

3. Water flush: Yes ____ No ____ If Yes, how much? _____

4. Time scheduled during school hours _____

This procedure cannot be scheduled for other than during school hours and may be administered by non-licensed trained personnel when appropriate. The school nurse is authorized to instruct non-licensed trained personnel in the administration of this procedure and permission is hereby given for non-licensed trained personnel to perform the procedure as set forth herein, if deemed appropriate.

Oral diet: NPO Pureed Mechanical Soft Soft Regular

Liquids: NPO Thickened Recipe: _____

Mouth Care: Yes ____ No ____ If yes, how often? _____

5. Permission given for emergency replacement of gastrostomy tube? Yes ____ No ____

6. Precautions, possible reactions and recommended intervention(s) _____

7. Physician's Signature _____ Date _____

Physician's Name (Printed) _____ Telephone _____

Address _____ City _____ Zip _____

I hereby request and give permission for my child to be given the above prescribed procedure while in school and away from school for activities. I also grant permission for the school to contact the prescribing physician with questions/concerns related to the procedure. I will notify the school immediately if the health status of my child changes, we change physicians, we change home, work or emergency telephone numbers, or there is a change or cancellation of the procedure. I understand that if there is special equipment needed to perform this procedure, it will be provided by me, delivered to the school in good working order, and that school personnel will assume no responsibility for the proper maintenance and/or delivery of this special equipment necessary for this procedure. I hereby release, waive, and hold the Pinellas County School Board and its agents and employees harmless from any and all claims, judgements, and liability resulting from injuries or damages, grounded in tort or otherwise, that I and/or the student(s) named above incur as a result of any actions taken that I authorize hereunder.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

A NEW PHYSICIAN ORDER FORM IS REQUIRED EACH SCHOOL YEAR.