

**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 formula \_\_\_\_\_ Amount \_\_\_\_\_ Route: GT \_\_\_\_ JT \_\_\_\_

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

3. 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  Regular Thin  Thickened Recipe: \_\_\_\_\_

Mouth Care:  No  Yes If yes, how often? \_\_\_\_\_

Site Care: Will be done prn with soap and water. Note any special instructions: \_\_\_\_\_

4. Water flush:  No  Yes If yes, how much? \_\_\_\_\_

5. Special Instructions/Comments \_\_\_\_\_

6. Permission given for emergency replacement of gastrostomy tube? Yes \_\_\_\_ No \_\_\_\_

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.**