



ESCAMBIA COUNTY PUBLIC SCHOOLS
HEALTH SERVICES
J. E. Hall Center 30 E. Texar Dr.
Pensacola, FL 32503
Phone: (850) 469-5456

AUTHORIZATION FOR ADMINISTRATION OF GASTROSTOMY/JEJUNOSTOMY TUBE FEEDINGS

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each section must be completed by the appropriate person. Part I and III by Parent/Guardian. Part II by Physician.
Please return the completed form to the school clinic.

I. INFORMATION (To Be Completed By Parent/Guardian).

PLEASE FILL IN COMPLETELY

Student's Name (Last, First, Middle)	Birth Date	Allergies	Grade/Homeroom Teacher
Parent/Guardian	Address		
Home Phone	Work Phone	Cell Phone	

II. Procedure/Treatment Plan (To Be Completed By Physician).

PLEASE FILL IN COMPLETELY

Reason for Procedure/Treatment: _____ Time for Procedure/Treatment: _____ A.M. _____ P.M.

☐ Continuous feeding from _____ to _____ (may disconnect/reconnect for short periods to accommodate school schedule.)

☐ Keep head elevated _____ degrees during and for _____ minutes after feeding

Check tube placement prior to feeding: ☐ No ☐ Yes Specific instructions: _____

Check residual: ☐ No ☐ Yes If residual is greater than _____ do not feed for _____ minutes ☐ Check bowel sounds

Venting: ☐ No ☐ Yes Specific instructions: _____

☐ Gastrostomy Feeding: ☐ Bolus ☐ Gravity ☐ Pump Type of Pump: _____ Flush with _____ cc water

☐ Jejunostomy Feeding: ☐ Gravity ☐ Pump Type of Pump: _____ Flush with _____ cc water

Type of Formula: _____

Volume: _____ ml/cc Rate: _____ ml/cc per hour

Student specific instructions for Procedure/Treatment: _____

Student specific precautions, possible complications, and recommended interventions: _____

Print Physician's Name:

Physician's Address:

Phone:

Physician's Signature:

Date:

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian).

I hereby request the school's personnel, or its agents to provide the above medication, procedure and/or treatment to my child. I give permission for my child to receive this medication, procedure/treatment while participating in a school-sponsored field trip away from the school site. I understand that there is no liability on the part of the school district, its personnel, or its agents, for civil damages as a result of the administration of medication and/or procedure/treatment to my child when the person administering the medication(s) or performing the procedure/treatment acts as an ordinarily reasonably prudent person would have acted under the same similar circumstances. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Escambia County Public Schools or its agents.

Parent/Guardian Signature: _____ Date: _____

Escambia County Public Schools

Guidelines for Performing Health Procedure/Treatment

Parent Information

The performance of health procedures/treatments is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive the health procedure/treatment during the school day. The following guidelines must be observed when performing a health procedure/treatment in the school setting:

1. An Authorization for Health Procedure/Treatment form must be completed and signed by the physician, and parent/guardian.
2. A separate authorization form must be filled out for **EACH** procedure/treatment to be provided.
3. Authorization forms are valid for one school year, or earlier stop date.
4. Changes in procedure/treatment require a new authorization form completed and signed by the physician and parent/guardian.
5. According to Florida Statute, Section 1006.062, a registered nurse or specifically designated and trained personnel of the school district its agents or the health department will perform procedures.
6. All equipment, maintenance or repair, and supplies necessary to perform the procedure/treatment must be provided by parent/guardian.
7. Parent/guardian is responsible for cleaning/maintaining required equipment and/or supplies that are necessary to perform procedure/treatment.
8. A responsible adult must deliver and pick-up any equipment and/or supplies in the school clinic.
9. Communicate any procedure/treatment changes directly to clinic staff, including discontinued procedure/treatment.
10. When procedure/treatment is discontinued or school year ends, pick-up all supplies by close of the last day of school. Unclaimed supplies will be destroyed.