Evansville
COMMUNITY SCHOOL DISTRICT

**G-TUBE FEEDING CONSENT FORM**
**Evansville Community School District**

## Student Information:

| | |
|---|---|
| Student Name: | Date of Birth: |
| School: | Grade: |

## G-Tube Feeding Information:

Type of Gastrostomy appliance placed: ☐ PEG ☐ Button ☐ G-tube ☐ Other:

Tube feeding method: ☐ Bolus by gravity ☐ Bag ☐ Syringe ☐ Mechanical Pump

Tube feeding formula:

Amount of feeding:

Tube Flush:

Amount of tube flush:

Time(s) to be given at school:

| | |
|---|---|
| 1st: | |
| 2nd: | |
| 3rd: | |
| 4th: | |

Other instructions:

Permission is valid for: ☐ Current School Year ☐ From (Date) _____ to (Date) _____

## Parent/Guardian Consent:

- I request and authorize that school personnel administer G-tube feedings at school.
- I will supply formula in its original, updated, pharmacy/manufacturer labeled container.
- I will obtain a new physician's order and notify the school with any changes in feedings (dose, time, route)
- I authorize the principle, assistant principal, or the school health office to exchange information verbally or in writing with my child's healthcare provider regarding g-tube feedings and any related concerns.

Signature of parent/guardian: _____ Date: _____

## Physician Consent:

Healthcare Provider Name: _____ Phone: _____

Clinic/Facility: _____ Fax: _____

Signature of Healthcare Provider: _____ Date: _____