

FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT

TUBE FEEDING AUTHORIZATION FORM

This order is valid only for the current school year _____ (Including Summer Session)

OR

Start Date: ____/____/____ to Stop Date: ____/____/____

This treatment authorization form must be completed fully in order for staff to administer required treatment.

A new form must be completed at the beginning of each school year.

•Carefully review the reverse side of this form before completion

Name of Student:	Date of Birth:	Grade:
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HEALTH CARE PROVIDER AUTHORIZATION

Allergies:

Condition for which treatment is being administered:

Method of Infusion:	Type of Solution:	Route:
<input type="checkbox"/> Pump Rate: _____ Volume: _____ <input type="checkbox"/> Gravity Volume: _____ over _____ minutes <input type="checkbox"/> Bolus Volume: _____		Feeding Tube

Flush feeding tube with _____ cc of water and disconnect after feeding complete.

Time(s) of Administration:	If PRN, frequency:
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Additional instructions:

Parent/Guardian may withhold feeding for school activities (i.e. field trips) with written notification to health room?

Yes No

Is student competent to self-administer treatment? Yes No	<i>Health Care Provider Stamp</i>
Health Care Provider's Name/Title: (Please Print)	
Telephone: _____ Fax: _____	
Address: _____	

Health Care Provider's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the treatment as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of treatment at school and understand that the health care provider will be contacted if questions arise regarding the student's treatment order.

Primary Contact Phone:	2nd Phone:
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Parent/Guardian Signature: _____ Date: _____

REGISTERED NURSE REVIEW / AUTHORIZATION

Is student competent to self-administer treatment?
Yes No

Registered Nurse Signature: _____ Date: _____

IMPORTANT INFORMATION
for Parents/Guardians and Health Care Providers

1. Please give your child any needed treatment at home if at all possible.
2. It is recommended that the first full day's (24 hours) treatment be given at home. If unsure, follow the recommendation of health care provider about attending school during the first 24 hours.
3. Parent/guardian responsibilities:
 - a. Provide and maintain all equipment and supplies for the duration of the treatment order.
 - b. The parent/guardian must provide new supplies prior to expiration date(s).
4. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.
5. Student Self-Administer Treatment:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self- administer treatment, if needed.
 - b. If competent to self-administer, the registered nurse will work with the student and parent/guardian to develop a *Plan for Medication/Treatment Management Outside the Health Room*.
6. The registered nurse must review and approve this form prior to administration.