ONTARIO-MONTCLAIR SCHOOL DISTRICT
Health Services
PARENT REQUEST PROCEDURE for
GASTROSTOMY TUBE FEEDINGS

School Phone # _____

School Fax # _____

This form must be completed before any procedure can be given, or taken, at school.
Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in order.

Student Name: _____   Date of Birth _____

Physician Signature: _____   Date: _____

Physician Name: _____

Address: _____   Phone: _____

City: _____   Zip: _____

FORMULA: _____

FORMULA START DATE: _____   STOP DATE: _____

DOSE / AMOUNT: _____

WATER FLUSH: _____

☐ Bolus

☐ Slow drip

☐ Pump   Pump rate: _____ cc/hr

Time(s) to be given at school: _____

☐ Nothing by mouth   ☐ May have food/liquids orally

☐ No residual check needed

☐ Check residual before feedings.   Less than _____ cc, proceed to feed student.
   If not, notify the health office.

Special instructions: _____
_____

Parent Signature:_____   **Date:** _____   **Phone Number:** _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him b a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

California Education Code section 49423 © a pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.