SCHOOL DISTRICT OF HILLSBOROUGH COUNTY
SCHOOL HEALTH SERVICES
Physician’s Orders for Gastrostomy Tube Feeding

<table>
<thead>
<tr>
<th>DATE:</th>
<th>RETURN TO:</th>
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<tbody>
<tr>
<td>TO:</td>
<td>SCHOOL:</td>
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<tr>
<td>ADDRESS:</td>
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<tr>
<th>PHONE #:</th>
<th>FAX #:</th>
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<tr>
<td>FAX #:</td>
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<td>PARENT / GUARDIAN:</td>
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This form is being presented to you in order to request:

- [✓] Physician’s Orders for Medical Procedures *(Please specify under response)*
- [ ] Medical Information: past (     ) / current (     ); an authorization signed by parent/guardian is attached.
- [ ] Exchange of Information

**COMMENTS** (to be completed by sender with assistance from Parent / Guardian)

We are requesting Physician’s Orders to do Gastrostomy Tube Feedings at school as requested by the Parent. This includes administering medications, formula and water as needed. Please complete the Response/Order portion of this form and add any other information that you deem necessary to complete the order.

Response Requested:  Yes [✓]  No  Signature:  

**Response/Order** (To be completed by MD)

Diagnosis for which tube feeding will be required in school: 

Allergies: 

**Type of Gastrostomy appliance placed:**

- [ ] PEG
- [ ] Button
- [ ] G-Tube
- [ ] Other (describe) 

**Tube feeding formula:** 

**Amount of tube feeding:**  cc

**Tube flush:** Amount of H2O tube flush:  cc

**Frequency of feedings:** 

**Tube feeding method:**

- [ ] Bolus by gravity
- [ ] Bag
- [ ] Syringe
- [ ] Mechanical Pump - Type of pump
- [ ] Rate of flow cc/hr.

Are Oral Feedings permitted?  Yes  No  If yes, please list the perimeters & consistency of these feedings below.

Please add additional information below:

Physician’s Signature:  

Date:  

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