

**Jefferson County Public Schools Health Services**  
*Primary Care Provider Authorization: G-Tube Feeding (Side One)*  
**2009-2010 School Year**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_

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**Type of G-tube**

- Button
- Catheter
- Other (Specify): \_\_\_\_\_

**Pump to be used:**

- Yes
- No
- Flow rate \_\_\_\_\_ cc/hour

**Name of formula:** \_\_\_\_\_

**Feeding formula must be sent to school in the original unopened container**

**Type of pump:** \_\_\_\_\_

Gravity:  Yes  No

Volume to be given: \_\_\_\_\_ cc over \_\_\_\_\_ minutes

Volume of water to follow feeding: \_\_\_\_\_ cc

**Feeding time(s):** \_\_\_\_\_

\_\_\_\_\_

**Positions:**

During feeding: \_\_\_\_\_

After feeding: \_\_\_\_\_

May additional water be administered for outdoor field trips during warm weather?

Yes

No

Amount \_\_\_\_\_

Additional health care provider's comments:

\_\_\_\_\_  
\_\_\_\_\_

**Please complete both sides of this form.**

**Form must be signed by Health Care Provider and Parent/Guardian**

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**EMERGENCY PLAN OF ACTION**

(Please include when to call parent and 9-911)

1. School personnel **cannot** forcefully flush or replace a tube into the stomach. However, a nurse (RN or LPN), if available may replace tube. If nurse is unavailable or no replacement g-tube is available, then school staff will place gauze and tape over site if tube becomes dislodged.
2. The parent/guardian will be notified immediately if a tube becomes **clogged or dislodged**.
3. If unable to reach parent/guardian within 30 minutes of tube becoming dislodged AND/OR they are unable to get to the school within 1 hour of tube becoming dislodged, **call EMS 9-911**.
4. When student is transported via EMS a JCPS staff member must ride with student unless parent and/or emergency contact accompanies them.
5. If EMS is called student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS and parent/guardian then assumes responsibility for student. Student may not return to school that day.
6. If student requires medical treatment while on the bus, the driver will contact EMS
7. Other: \_\_\_\_\_

**Form must be signed by health care provider and parent/guardian. If you have any questions please call (502) 485-3387 or Fax: (502) 485-3670.**

**Please return to:**

**Jefferson County Public Schools**  
**Health Services**  
**Lam Building**  
**4309 Bishop Lane**  
**Louisville, KY 40218**

\_\_\_\_\_  
Printed Name MD, ARNP or PA

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date.

\_\_\_\_\_  
Signature of MD, ARNP or PA

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

**Note to parent/guardian: Signing this form shall release the Jefferson County Board of Education and its employees from liability of any nature that might result from this plan of action. This form shall not relieve the liability of the school or its employees for their own negligence. Also, I hereby give permission for the health care provider completing and signing this form to verify this information with JCPS and to consult with JCPS staff regarding this information. I also acknowledge that feedings and the emergency plan of action will most likely be administered by trained, unlicensed Jefferson County Public Schools personnel.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Relationship