Dublin City School District

Students
5311 F3
Revised 1/28/10

Health Care Provider Authorization and Recommendations for Assisted Gastrostomy (G) or Gastrojejunostomy (GJ) Feedings

Student's name: ____________________________________ Birthdate: ____________________

School: ____ Grade: _______________________

Student's diagnosis: ____

Type of feeding tube: G ☐ GJ ☐

This is to certify that the above named student is under my care and needs to receive gastrostomy or gastrojejunostomy tube feedings during schools hours as ordered below. I understand that some of these feedings may be administered by medically unlicensed school staff that will be trained and monitored by a school nurse. (*Note: If student is also receiving assisted oral feedings, please complete both provider forms for the school - #5311 F2 and #5311 F3.)

GASTROSTOMY OR GASTROJEJUNOSTOMY TUBE FEEDING(s)

Times(s) to Administer	Type and Amount of formula, juice, milk	Amount of water	Rate to Feed (as bolus over "X" minutes or as continuous feed over "X")
______________	____________________	______________	_________________________
______________	____________________	______________	_________________________
______________	____________________	______________	_________________________
______________	____________________	______________	_________________________

Please note position of student: During feeding ______________________________________

After feeding ____

Precautions, possible complications, and recommended interventions. (See attached school gastrostomy and gastrojejunostomy information for standard procedures. Note that school staff do not reinsert G or GJ tubes.)

Other comments: ____

Beginning date for order: __________________ Ending date for order: __________________

Provider's signature: ______________________________________ Office #: _________________

Provider's printed name: _____________________________________ Fax #: __________________

Office address: ____

Parent/guardian signature: ______________________________________ Date: _______________