



Dublin City School District

Students  
5311 F12  
Revised 2/1/16

## Parent/Guardian Cover Letter and Authorization for Staff Observations

The Dublin City School District recognizes the need for staff to assist in providing nutrition and hydration to students who are at high risk for feeding complications, including choking, malnutrition, dehydration, and aspiration. Staff from multiple disciplines work collaboratively to develop a safe feeding plan for your child at school. The feeding plan is based on the health care provider's orders, input from parents, and recommendations from school staff that assist in the feeding of your child at school.

Health care provider's orders and written parent consent must be on file before school staff can assist feeding your child at school. Assisted oral and gastrostomy feeding forms are available in the clinic and are also listed on the district's web site. Completed forms need to be returned to the school clinic a minimum of three days before the start of each school year so the nurse can transcribe the orders and begin writing an assisted feeding plan so your child can be fed the first day of school.

Once all staff that works with your child has reviewed the orders, observed or assisted with feeding your child, added any additional information, and agrees that the plan appears safe to implement for your child at school, you will be requested to come to the school to approve and sign the final plan. If at any time you, your child's health care provider, or staff believe the feeding plan is not safe for your child, you will be requested to meet with staff that assist in the feeding of your child, or the IEP team, to discuss concerns and possible revision of health care provider orders and the feeding plan.

We look forward to working with your child in the coming school year and thank you in advance for timely providing orders and assisting staff to develop a safe feeding plan for your child. Please contact the school nurse by phone number or e-mail if you have any questions, concerns, suggestions or modifications for your child's feeding plan at school.

\_\_\_\_\_  
School Nurse Name

\_\_\_\_\_  
Clinic phone

\_\_\_\_\_  
E-mail address

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### Parent Consent

To ensure your child's continued safety with assisted feedings throughout the school year, we are requesting your permission for related staff that works with your child to periodically formally assess your child during assisted feedings. If staff observes there are concerns with implementing the current feeding plan, this information will be shared with you and your child's health care provider as needed.

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

\_\_\_\_\_  
Date

Parents of all students who receive assisted feedings at school are also requested to sign the attached *Parent Consent for Record Release* (8330 F4). This release will allow your child's health care provider to share applicable medical information with school staff that assist in feeding your child.