



# Education at its best.

MONTELLO SCHOOL DISTRICT

District Phone: 608-297-7617 Fax: 608-297-7726

## CONSENT & REQUEST FOR GASTROSTOMY CARE & FEEDING DURING SCHOOL HOURS

**Parents/guardians of students who require gastrostomy care and feeding(s) during school hours, must submit this completed form, including signatures, to the school nurse.** All formula and equipment must be unexpired, and provided in the original container or packaging, and labeled with the student's name and date of birth. The amount of formula that will be kept at school will be determined in cooperation with the school nurse and parent. **Any change in type, frequency or amount of feedings will require a new Consent and Request form to be completed and signed by both physician and parent.** If a student requires more than one type of formula, a separate form must be completed for each.

The undersigned physician advises you that **(Student)** \_\_\_\_\_ **(Birthdate)** \_\_\_\_\_, a student at the Montello School District requires the following described gastrostomy care/ feeding during the school day:

Name of Formula: \_\_\_\_\_

Amount of Formula per Feeding (be specific): \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Rate(if delivered via feeding pump): \_\_\_\_\_

Time(s) for G-tube Feeding to be given: \_\_\_\_\_

Instructions if G-tube Falls out: \_\_\_\_\_

P.O. Fluid Restrictions:  NO  YES If yes, specify fluid restrictions: \_\_\_\_\_

P.O. Food Restrictions:  NO  YES If yes, specify food restrictions: \_\_\_\_\_

The above formula and all necessary equipment will be provided to the Montello School District by the parent/guardian of the child. The undersigned parent/guardian agrees to assume all responsibility for maintaining the supply of necessary equipment and formula and replacing such equipment and formula as needed or when its effectiveness has lapsed by reason of time. Formula or equipment that's not claimed or picked up by the parent/guardian by the day following the last day of the school year will be disposed of by the school nurse or designee.

The undersigned parent/guardian hereby requests the Montello School District to provide gastrostomy tube care and feedings as set forth and consent to such care and feedings during the school day. In addition, the parent/guardian hereby gives permission to the school nurse at the above described school to exchange confidential information, relative to the gastrostomy care and feedings noted above, with the undersigned health care provider or physician; and further hereby agrees to hold the Montello School District and all agents of the District harmless from any liability for their participation in providing gastrostomy care and feedings for the student.

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date