



GASTROSTOMY FEEDING PERMISSION AND INSTRUCTIONS

Parent permission:

Student's Name _____ Birthdate _____

School _____ Grade _____ Teacher _____

I give permission for the above named student to be gastrostomy tube fed at school by the School Nurse. I give permission for Dr. _____ to exchange information with the school.

Signature of Parent/Guardian

Date

Physician's orders:

I request that the above named student be gastrostomy fed at school, specific instructions include:

Student's position during feeding: _____

Type of formula _____ Amount _____

Time of feeding _____ Rate _____

Amount of water infused after feeding _____

Other _____

Signature of Physician

Date

Physician's name – print: _____

Address: _____

Office Phone: _____ Emergency Phone: _____

Date: _____ **Please use reverse side for further remarks.**

(R-08-19)

DISTRICT 20 HEALTH SERVICES

**Greenbrook Elementary School
& Early Childhood Center**
630-894-4409 Nurse Phone
630-894-4544 Main Office
630-289-6183 Fax

Waterbury Elementary School
630-894-4211 Nurse Phone
630-893-8180 Main Office
630-539-2316 Fax

Spring Wood Middle School
630-894-4044 Nurse Phone
630-893-8900 Main Office
630-894-9658 Fax



I, _____ (parent), confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Keeneyville School District #20 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employee and agents of the School District), lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered. I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

(PARENT'S/GUARDIAN'S SIGNATURE)

(DATE)

(R-08-19)

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