

Tube Feeding - Nutrition Information

Student Last Name	Student First Name	Birthdate	Gender	Allergies
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name		Parent / Guardian Phone Number		
Physician Name		Physician Phone Number		

Type of Feeding Tube: <input type="checkbox"/> G-tube <input type="checkbox"/> J-tube			
GASTROSTOMY OR GASTROJEJUNOSTOMY TUBE FEEDING			
Time to Administer	Type of formula, juice, water	Amount / ml	Rate to Feed ml/hr or bolus
Student positioning during feeding:			
Oral feedings			
<input type="checkbox"/> yes (fill out Nutrition Information—oral feeding form) <input type="checkbox"/> no			
<i>This is to certify that the above-named student is under my care and needs to receive gastrostomy or gastrojejunostomy tube feedings during school hours as ordered above.</i>			
Physician Signature _____		Printed Name _____	Date _____

Parent/Guardian Signature

I hereby request and give my permission for MDS nurse to administer the above-stated tube feeding to my child. I agree to submit a revised nutrition information form if anything changes and annually as required. I understand I must provide all the necessary equipment, supplies, and formula for my child's tube feeding.

Parent/Guardian Signature _____ Print Name _____
 Date _____