



New Braunfels Independent School District

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Physician and Parent Authorization for Gastrostomy Care

Name of Student: _____ Birthdate: _____ School Year: _____

To Be Completed by the Physician:

Physical Condition: _____

Gastrostomy Tube:

- Type: _____
- Size of inflated cuff: _____ cc air
- Replacement if dislodged: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Feeding through tube:

- Liquid Feeding Solution: _____
- Amount: _____
- Frequency: _____
- Rate: _____
- Temperature of feed: _____
- Mixing Instructions: _____
- Method for administration: _____
 - Gravity: _____
 - Bolus Push: _____
 - Slow Drip: _____
 - Pump: _____
 - Any special instructions: _____
 - Other: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Flush:

- Solution: _____
- Amount: _____
- Push or gravity flush: _____
- Rate: _____
- Frequency: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Oral Feeding:

- NPO
- Foods by mouth _____
- Other _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Medications via G tube:

- _____
- _____
- Flush instructions: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Physician/Health Care Provider's Name: _____ Phone: () _____

Physician/Health Care Provider's Signature: _____

To Be Completed By Parent or Guardian:

We will notify the school immediately if the health status of my child changes, we change physicians, or the procedure is changed or cancelled. We understand that, whenever possible, the specialized physical health care service should be provided before or after school hours.

I request these procedures be performed on my child according to the above instructions. I authorize the physician to release medical information regarding my child to school health or administrative personnel:

Parent or Guardian Signature Date

Address

Home Phone Work Phone Cell Phone

Please return to: _____
Nurse School Phone/fax