



Part I (To be completed by parent)

Student: _____ Birthdate: _____

School: _____

I hereby authorize school personnel to perform the following health procedures for my child. I understand that the health procedure will be administered as directed by the physician and information regarding the procedure will be exchanged with the physician as necessary. The physician shall notify the school in writing if this health procedure is to be discontinued. Any changes in the frequency of the procedure will require resubmission of this form.

Parent/Legal Guardian's Signature: _____
Telephone (home) _____ (work) _____ Date: _____
(Cell) _____

***The parent is responsible for providing equipment/supplies for health procedures given during school.**

Part II (To be completed by physician)

Type of GT access: GT Button ____ GT Tube ____ NG ____ J/G Tube ____

Name of formula: _____ Time(s) of administration: _____

Amount per feeding: _____ Rate of administration: _____

Position for feeding: _____

Type/amount of fluid used to flush tube after feeding: _____

What should be done if the tube/button comes out: _____

Further specific recommendations for this GT feeding:

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Address: _____

Phone Number: _____

FAX Number: _____

Please return to: High Point School/School Nurse
1735 S. Wagner Road
Ann Arbor, MI 48106-1406
734-994-8111 Fax: 734-994-2341

This form is good from September to August. It must be renewed yearly.