Maryland's Largest School District

MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 525-15
February 2023

Authorization to Provide Gastrostomy Tube Feeding

MONTGOMERY COUNTY PUBLIC SCHOOLS Maryland
CLEAR FORM

Office of the School System Medical Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to provide the medically prescribed feeding directed by the authorized prescriber (Part II, below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for providing the feeding to this student, provided MCPS and DHHS staff are following the authorized prescriber's orders as written in Part II. I am aware that the feeding may be provided by an officer, staff member, employee, or agent of MCPS and/or DHHS who is a non-health professional who has received training from a licensed health professional. I will notify the school health staff immediately if any changes or cancellations in the HCP order(s). **I understand that I must provide all necessary supplies and equipment to perform this service.**

Student Name: Last _____First_____ MI_____

MCPS ID#_____ Date of Birth ____/____/_____ School Name -- Choose One -- _____

Signature Parent/Guardian _____ Phone _____-_____-_____ Date ____/____/_____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

I understand that treatments may be administered in MCPS by non-health professionals. These individuals may be employees of MCPS who are designated to administer the treatment(s), or the DHHS School Health Room Technician. These persons will be trained by the School Community Health Nurse (SCHN) to give the specific treatment.

Reason for Treatment/Diagnosis: _____

Type and size of Gastrostomy Tube: _____

Formula name: _____

Feeding Schedule/times during the school day: _____

Feed Method:
❑ Slow drip rate:_____ ❑ Feeding pump-rate:_____ ❑ Gravity Drip–over how long _____

Check for residual before bolus feedings?	❑ Yes ❑ No	If YES, return residual if less then _____ ml	
Flush with water after each bolus feeding?	❑ Yes ❑ No	Amount:_____ml	
Venting:	❑ Yes ❑ No	❑ Active ❑ Passive ❑ Duration_____	
If G-Tube becomes dislodged at school: *(check all that apply)*	❑ Parent and/or legal guardian can replace G-Tube ❑ School nurse to replace G-Tube and call parent ❑ Child must see their doctor or surgeon for reinsertion of the g-tube ❑ Call 9 1 1 ❑ Other_____		
Student is allowed to have food/drink by mouth?	❑ Yes ❑ No	If YES, what restrictions if any exist?	

***Medications to be given at school require completion of the MCPS 525-13, *Authorization to Administer Prescribed Medication*.**

Authorized Prescriber's Name (print/type)_____Phone _____-_____-_____

Authorized Prescriber Signature_____ Date ____/____/_____

Medication order effective ❑ Current school year, ***OR*** ❑ Effective dates ____/____/_____ to ____/____/_____

PART III: TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL

Signature, School Community Health Nurse (SCHN)/Principal _____Date____/____/_____