



## Lexington-Fayette County Health Department

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### SCHOOL HEALTH DIVISION

650 Newtown Pike  
Lexington, Kentucky 40508-1197  
(859) 288-2314  
(859) 288-2313 Fax

## PARENT PACKET – G-TUBE

Dear Parent/Guardian:

You have informed us that your student has a medical concern. Enclosed are forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures. This information will help us work with your student to minimize unnecessary restrictions, feelings of being treated differently, and possibly absenteeism.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To help your student, please let us know of any changes in your student's medical condition or emergency daytime phone numbers.

**The following need to be returned to the School Nurse at your school.**

- **Student Health Information Sheet**
- **Physician Order for G-Tube Procedure & Parent/Guardian Statement**

We are looking forward to a great year with your student!

Please call the Health Department's School Health Program at 288-2314 if you have any questions.

# STUDENT HEALTH INFORMATION SHEET

School Year: \_\_\_\_\_

## MEDICAL CONDITION: \_\_\_\_\_

(This form will be made available to teachers and appropriate school staff.)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies: \_\_\_\_\_

Place  
Student's  
Picture  
Here

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Rider: ☐ Yes ☐ No Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_ Non-Transported ☐

Parent/Guardian(s) Name(s): \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Call Parent/Guardian 1: – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Call Parent/Guardian 2: – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate contact person in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

HISTORY OF MEDICAL CONDITION - Include date of onset and most recent concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* MEDICATIONS & TREATMENTS AT SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_ COMPLETED BY: \_\_\_\_\_

\* Must complete Medication Consent Forms prior to any prescription medications being brought to school to be administered.  
Forms are available at school.

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**REVIEWED BY:** \_\_\_\_\_, RN **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician Order and Parent/Guardian Authorization for G-TUBE FEEDING**

To be completed by the student's Physician and returned to School Health: Confidential FAX (859) 288-2313 or by mail:  
Lexington-Fayette County Health Department, School Health Division, 650 Newtown Pike, Lexington, KY 40508

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_ G-tube Type: \_\_\_\_\_ Size: \_\_\_\_\_

**The treatments needed during school hours are (please indicate):**

- ☐ Feeding by gravity      ☐ Feeding by pump      Type of Pump: \_\_\_\_\_  
☐ Blended Diet Syringe Bolus  
☐ G-tube medications – Please list drug, dose and frequency: \_\_\_\_\_

**Procedure for feeding administration:****1. Position student**

- ☐ Sitting upright or semi-reclining with head at \_\_\_\_\_ degree angle - OR -  
☐ Lying on right side with head elevated at \_\_\_\_\_ degree angle – AND -  
☐ Remain elevated for \_\_\_\_\_ minutes after feeding is administered.

**2. Aspirate - Check one:**

- ☐ I **DO** order to check for aspirate. If aspirate is greater than \_\_\_\_\_ ml ☐ Feed ☐ DO NOT feed  
     \*\*\*Delay feeding for \_\_\_\_\_ minutes, and repeat aspiration.  
     \*\*\*If aspirate continues to be greater than \_\_\_\_\_ ml contact parent.  
☐ I **DO NOT** order to check for aspirate.

**3. Flushing – Check one:**

- ☐ I **DO** order G-tube to be flushed ☐ Before feeding or medication with \_\_\_\_\_ ml of free water.  
     ☐ After feeding or medications with \_\_\_\_\_ ml of free water.  
☐ I **DO NOT** order G-tube to be flushed

**4. DIET** Student is allowed to eat/drink by mouth: ☐ Yes ☐ No \*\*\*If Foods need to be modified/thickened/pureed, please complete Food Service Modification Form

Type of Feeding: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 (Feeding Formula must be sent to school in labeled container with ingredients listed.)

\*\*\*Please give \_\_\_\_\_ ml of free water at (indicate time) \_\_\_\_\_ AM and/or \_\_\_\_\_ PM.

**5. COMMENTS:** \_\_\_\_\_

\*\*Parents will be notified immediately if tube becomes dislodged. It is recommended that a replacement tube be kept at school in the event of tube dislodgement and parent is called to replace it. School Staff are not able to replace tube.

X

\_\_\_\_\_  
(Physician's Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
(Physician's Name - Printed)\_\_\_\_\_  
Telephone Number**PARENT/GUARDIAN STATEMENT**

- ☐ I, the undersigned Parent/Guardian of \_\_\_\_\_, hereby request the School Nurse or trained staff member to administer the above procedure(s) and medication(s) according to the Physician's instructions. I agree to furnish all equipment, supplies, medication, or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary.

\*\*\*I agree to notify the School Nurse immediately if there is any change in the student's status or Physician's orders.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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## **ROLES IN THE MANAGEMENT OF STUDENTS WITH A G-TUBE BUTTON**

### **PARENT/GUARDIAN'S RESPONSIBILITIES**

- Notify the school of your child's G-Tube/Button prior to the start of the school year OR as soon as possible after G-tube placement.
- Fill out and return ALL forms in the G-tube packet to the school. The packet contains the necessary information to properly care for your child at school and includes such information as Physician's orders and parent/guardian authorization.
- Keep school informed of changes of address and phone numbers, including those of emergency contacts.
- Inform the school and/or School Nurse of changes in the care of your child such as, changes in prescribed formula or medications.
- Provide necessary maintenance, replacement, or reinsertion of G-tube.
- Provide properly labeled formulas and medications and replace medications as needed and upon expiration.
- Provide the school with the supplies needed in order to feed/medicate your child at school, including prescribed formula and/or medications to be given through G-tube during school hours. Supplies may include, but are not limited to: syringe, extension tubing, disposable tubing, clamp for tube, feeding bag, container for water, continuous feeding pump, cleaning materials for supplies.
- Work with the school faculty/staff to develop a plan that accommodates your child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, during field trips, and on the school bus.
- Meet with School Nurse and school faculty/staff prior to beginning of school year to discuss feeding/medication administration technique in order ensure care will be performed to the best of ability during school day.

### **SCHOOL'S RESPONSIBILITY**

- Be knowledgeable and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA.
- Review health records of students submitted by parents and physicians.
- Inform School Nurse of names of relevant school faculty/staff that should participate in in-service training for a particular student.
- Be able to include student in all school functions. Student should not be excluded solely based on his/her G-tube/button.
- Coordinate with School Nurse to ensure all prescribed formula and medication is appropriately stored.
- Inform school district transportation department of G-tube so that appropriate training and transportation can occur.
- Discuss field trips with parent/guardian to plan for G-tube care, feeding and/or medication administration.

### **CLASSROOM TEACHER'S RESPONSIBILITY**

- Review health information sheet, Physician orders, and outlined procedures related to student with G-tube.
- Participate in in-service training provided by the School Nurse and parent/guardian of student that addresses needs specific to student.
- Ensure para-educators or other school faculty/staff in your classroom attend in-service training if they will be actively involved in the care or feeding and/or medication administration of a particular student.
- Leave information in an organized, prominent, and accessible format for substitute teachers and other school faculty/staff in your absence. Ensure a trained faculty/staff member is present in your absence to administer necessary care to student.
- Inform School Nurse of any complications or adverse reactions related to feeding and/or medication administration. If School Nurse is unavailable notify parent. In extreme emergencies, such as difficulty breathing, follow parent's instructions found on information sheet. If no instructions are provided, notify EMS first, then parent.

### **RESPONSIBILITY WITH REGARD TO FIELD TRIPS**

- Notify the School Nurse two weeks prior to field trip. Please include date, time, and location.
- Ensure needed formulas, medications, and supplies are brought on field trip.
- Ensure that a functioning cell phone or other communication device is taken on field trip in case of emergency.
- Provide invitation to parent/guardian of student with G-tube to accompany their child on field trips, in addition to being a chaperone. However, the student's attendance must not be conditioned on the presence of a parent/guardian. Parent must comply with Fayette County Public School Policy and have a background check completed prior to field trip.
- At least one, if not two school faculty/staff should be present on field trip to provide care to student, if parent is not available to accompany student.

### **SCHOOL NURSE'S RESPONSIBILITY**

- Provide G-tube packets to parents and provide master copy for office staff.
- Arrange a time for in-service training for school faculty/staff with parent/guardian of student present.
- Train appropriate school faculty/staff during an in-service with parent/guardian of student present.
- Provide health information sheet to school faculty/staff on a need-to-know basis.
- Document school faculty/staff who have been trained.
- Follow-up with trained faculty/staff periodically to assure ordered care is provided to student.

### **STUDENT'S RESPONSIBILITY**

- Be an active participant if medically capable.