



The Susan Gray School

Peabody College at Vanderbilt University

Student _____

Date of Birth _____

Type of G- Tube <input type="checkbox"/> Button <input type="checkbox"/> Catheter <input type="checkbox"/> Other (specify): _____	Pump to be Used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Flow rate _____ ml/hr
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Name of formula: _____

Type of pump: _____

Gravity: Yes No

Volume to be given: _____ ml over _____ min

Feeding times: _____

Positions:

During feeding _____

After feeding _____

Note to Health Care Provider/Parent/Guardian:

- The parent/guardian will be notified if a tube becomes clogged or dislodged.
- School personnel cannot forcefully flush or replace a tube in the stomach.
- Feeding formula must be sent to school in the original unopened container.

Additional health care provider's comments: _____

Printed name of the MD, ARNP, or PA

Date

Signature MD, ARNP, or PA

Address/ phone number

- Note to parent/guardian: signing this form shall release the Susan Gray School and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.

Printed name of the parent/guardian

Date

Relationship to student

Signature of the parent/guardian

Address/ phone number