SIDNEY CITY SCHOOLS

750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
MAIN: 937-497-2200
FAX: 937-497-2211

To inspire, empower, and prepare our students for their best future.

G-TUBE ACTION PLAN

Student's Name: _____ Date of Birth: _____

Address: _____

Street City State Zip Code

Parent/Guardian's Name: _____ Phone: _____

Physician's name: _____ Physician's phone: _____

According to our records you have informed the school that your child has a G-Tube in place. Please complete the information below. This will help school staff to know more about how your child reacts to his/her medical condition and the best way to protect the health and safety of your child while at school.

How often does your child's G-Tube become dislodged? _____

_____

In the event the G-Tube becomes dislodged it will be covered with a clean dressing and time will be documented.

Please list in order the names and phone numbers of the people to contact in the event your child's G-Tube becomes dislodged or unusual/non routine care is needed.

1. Name:_____ Relationship: _____ Number:_____

2. Name:_____ Relationship: _____ Number:_____

3. Name:_____ Relationship: _____ Number:_____

If all numbers have been exhausted and 25 minutes have passed, please transport this student to the local hospital for appropriate treatment.

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year. Thank you for your cooperation and help in providing the best care for your child.

_____

Parent/Guardian's Signature Date