



750 S. FOURTH AVENUE  
SIDNEY, OHIO 45365  
MAIN: 937-497-2200  
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*To inspire, empower, and prepare our students for their best future.*

**ORDER FOR G-TUBE FEED**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Student's needs while at school:

- \_\_\_\_\_ Feeding
- \_\_\_\_\_ Medication
- \_\_\_\_\_ Is NPO at all times
- \_\_\_\_\_ May receive fluids by mouth
- \_\_\_\_\_ May receive oral feedings

Specify consistency and extra instruction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date order to begin: \_\_\_\_\_ Date order to end: \_\_\_\_\_

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.

\_\_\_\_\_  
Physician's Signature Date

\_\_\_\_\_  
Parent/Guardian's Signature Date