



**Frederick County Public Schools / Frederick
County Health Department Gastrostomy
Reinsertion Authorization**
Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-68F.5

[Regulation 400-68](#)

March 2023

Clear Form

This order is valid only for the current school year: _____ (including summer session)

OR

Start Date: _____ to Stop Date: _____

This treatment authorization form must be completed fully in order for staff to administer required treatment. A new form must be completed at the beginning of each school year.

- Carefully review the reverse side of this form before completion.

Name: _____ Date of Birth: _____ Grade: _____

Health Care Provider Authorization

Allergies: _____

Condition for which treatment is being administered: _____

Treatment Instructions (only a nurse can reinsert a gastrostomy device):

If gastrostomy device is dislodged, the nurse will:

Insert new gastrostomy device size _____ fr & _____ cm

Utilize water soluble lubricant or water to facilitate reinsertion of device. Inflate balloon with directed amount of water.

If the nurse is not available or if tube cannot be reinserted, maintain stoma patency by:

<input type="checkbox"/> Student is competent to maintain patency Health Care Provider's Name/Title: _____ Telephone: _____ Fax: _____ Address: _____	Health Care Provider Stamp
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Health Care Provider's Signature: _____ Date: _____

Parent/Guardian Authorization

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify for that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order or the medical condition which the order is prescribed.

Primary Contact Phone: _____ 2nd Phone: _____

Parent/Guardian Signature: _____ Date: _____

Registered Nurse (RN) Review/Authorization

☐ Student is competent to maintain patency

RN Signature: _____ Date: _____

For Parents/Guardians and Health Care Providers

1. Parent/guardian responsibilities:
 - a. Provide and maintain all equipment and supplies for the duration of the treatment order.
 - b. The parent/guardian must provide new supplies prior to expiration date(s).
2. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.
3. Student Self-Administer Treatment:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self-administer treatment, if needed.
 - b. If competent to self-administer, the registered nurse will work with the student and parent/guardian to develop a Plan for Medication/Treatment Management Outside the Health Room.
4. The registered nurse must review and approve this form prior to administration.