



Frederick County Public Schools / Frederick County

Health Tube Feeding Authorization Form

Frederick County Public Schools

191 South East Street

Frederick, Maryland 21701

FCPS Form 400-68F.10

[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: _____

Method of Infusion:	Type of Solution:	Route:
Pump Rate: _____ Volume: _____		Feeding Tube
Gravity Volume: _____ over _____ minutes		
Bolus Volume: _____		

Flush feeding tube with _____ cc of water and disconnect after feeding complete.

Time of Administration: _____

If PRN, frequency: _____

Additional Instructions: _____

Parent/Guardian may withhold feeding for school activities (i.e. field trips) with written notification to health room? Yes No

<input type="checkbox"/> Student is competent to self-administer treatment 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 self-carry treatment
- Student is competent to self-administer treatment

RN Signature: _____ Date: _____

IMPORTANT INFORMATION
For Parents/Guardians and Health Care Providers

1. Please give your child any needed treatment at home if at all possible.
2. It is recommended that the first full day's (24 hours) treatment be given at home. If unsure, follow the recommendation of health care provider about attending school during the first 24 hours.
3. 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).
4. 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.
5. Student Self-Carry and/or Self-Administer:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self-administer and/or self-carry, if needed.
 - b. If competent to self-carry and/or 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*.
6. The registered nurse must review and approve this form prior to administration.