

## **Request for Medical Documentation – G-Tube Feeding**

Date:

Dear Parent/Guardian,

Attached are forms for your child for the upcoming school year. The forms attached are:

Check all documents that apply:

- □ G-Tube Feeding Care Plan and Order for Prescribed Services to be completed by your licensed healthcare provider.
- □ Activity Restriction form to be completed by the parent/guardian if no restrictions or completed by your licensed healthcare provider if there are restrictions.
- □ List of supplies needed to appropriately care for your child:
  - o New G-tube kit
  - o Clean water
  - Water soluble lubricating jelly
  - o 60 cc syringe
- □ Other

Please contact the health office if your child requires prescription or over-the-counter medication during the school day, and the appropriate forms will be sent.

You will be contacted to set up a meeting regarding training for your child's healthcare needs. All required, completed paperwork and supplies needed for the care of your child must be brought to school at that time.

Please contact your school health office with any questions.

Thank you,