

**College Station Independent School District  
Enteral Feeding Orders/Action Plan**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

1. Formula to be given via gastrostomy tube/button: \_\_\_\_\_
2. Amount of formula at each feeding: \_\_\_\_\_
3. Scheduled feeding at school/frequency: \_\_\_\_\_  
(Give range of time when possible)
4. Check residuals prior to each feeding: Y or N  
If greater than \_\_\_\_\_ cc, hold feeding for 30 minutes or \_\_\_\_\_ minutes, then recheck.
5. Feeding:  
\_\_\_\_ Bolus  
\_\_\_\_ Gravity drip over period of \_\_\_\_\_ minutes.  
\_\_\_\_ Infuse feeding via feeding pump at rate of \_\_\_\_\_ ml/hr.
6. Flush Instructions: After each feeding, flush tube with \_\_\_\_\_ cc of tap/bottled water.
7. Vent gastrostomy tube/button as indicated for distention/discomfort. Y or N
8. Other instructions/precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:**

Adjustment in the treatment or discontinuation of the treatment requires a written, signed physician's order. Order must be renewed each school year.

All equipment and supplies needed for enteral feedings will be provided by the parent.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Parent/Guardian Consent for Unlicensed Assistive Personnel to Enteral Feeding**

I  do /  do not (check one) authorize the District to designate unlicensed assistive personnel (UAP) who have been trained by a medical professional to administer enteral feeding to my child while in attendance at College Station ISD or College Station ISD related events (such as field trips and athletic events). I understand that school related health services may not be provided to my student without my required consent, as outlined herein.

Parent initials

**Parent/Guardian Release of Claims Against District and Agreement to Indemnify**

To the extent permitted under the law, on behalf of myself and the student, I release and agree to defend, indemnify, and hold harmless the District for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, the Administration of Medication to the student, Treatment/Procedure and/or the disclosure of Individually Identifiable Health Information. This release is to be construed as broadly as possible. It includes a release of claims against the District for its, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), growing out of, relating to, or arising out of, directly or indirectly, the School Staff’s Administration of Medication and/or Treatment/Procedure described in this document to the student and/or the disclosure of Individually Identifiable Health Information, including but not limited to claims that School Staff negligently failed to recognize symptoms requiring the use of my child’s Medication/Treatment/Procedure, misconstrued symptoms which it believed necessitated the use of my child’s Medication/Treatment/Procedure, negligently administered or failed to administer Medication(s), Treatment/Procedure and/or “over-disclosed” my child’s Individually Identifiable Health Information.

The School Health Administrative Guidelines developed by the College Station Independent School District are subject to the Americans with Disabilities Act (“ADA”), 42 U.S.C. §12101, et seq.; Section 504 of the Rehabilitation Act of 1973 (“Section 504”), 29 U.S.C. § 701, et seq.; and the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. § 1400 et seq.

Parent’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_