Attachment III
Regulation 757-3

Prince William County Public Schools
Health Treatment Plan
Tube Feeding

Student Name: _____ Date of Birth: _____ Grade: _____ SY: ___-___

School: _____ Date Received: _____ Classroom: _____

Type of Tube:
☐ G Tube ☐ GJ Tube
☐ NG Tube ☐ J Tube
☐ Size _____

Method of Feeding:
☐ Pump
☐ Gravity
☐ Push

Type of Nourishment:
☐ Formula: _____
☐ Pureed Food: _____
☐ Other: _____

Order Requirements:

- A new health care provider order is required for each school year;
- Staff will complete the Individual Feeding Log after each feeding;
- Parent/guardian will provide extra formula to be kept in case of spillage;
- If tube comes out, the parent/guardian will be called. Prince William County Public Schools staff WILL NOT reinsert tube;
- Parent/guardian is responsible for preparing food (pureeing, straining, chopping, dicing, etc.); and
- Parent/guardian will give a demonstration prior to first feeding in school.

Venting Needed: ☐ Yes ☐ No Frequency: _____

Residual Checks: ☐Yes ☐ No
☐ HOLD FEEDING if residual is more than _____ cc.
☐ Subtract residual volume from feeding volume if residual is between _____ - _____ cc.

1st Feeding:
Time: _____ Amount: _____ Rate: _____ Flush: _____ cc water after feeding.
2nd Feeding:
Time: _____ Amount: _____ Rate: _____ Flush: _____ cc water after feeding.
PRN Feeding:
Time: _____ Amount: _____ Rate: _____ Flush: _____ cc water after feeding.
Water to be given between feedings: ☐ Yes ☐ No
Time(s): _____ Amount: _____

_____ _____
Health Care Provider's Name Phone Number

_____ _____
Health Care Provider's Signature Date

_____ _____
Parent's/Guardian's Name Date

_____
Parent's/Guardian's Signature

Attachment I
Regulation 757-3

Authorization to Implement Health Treatment Plans

Student:_____ DOB:_____ School:_____

Schools/Child Care Contractor (CCC) must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. This written informed consent gives trained school/CCC staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school, such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented. Communications based on the medical orders generally include the following:

- The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
- Implementation of the treatment in school/school age child care (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student's academic schedule); and
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

I/We are aware that non-medical personnel may perform the above procedure on my child.

In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board, any of its employees, or CCC liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

Upon review and agreement by the school nurse, CCC, parent/guardian, and health care provider, this Health Treatment Plan will remain in effect until the annual renewal date or the student's medical status requires changes.

Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date
School Nurse's/CCC Printed Name	School Nurse's/CCC Signature	Date

School personnel/CCC trained in the treatment procedure:

Printed Name	Signature	Trainer's Signature	Date of Training