



Gastric Tube Feeding Authorization and Release of Liability

Allen ISD authorized staff will do Gastric Tube Feeding of a student with G-Tube when this service is requested by parents or legal guardians in writing **and with a written order from the student's physician including explicit instructions is received.**

_____, a student at _____ has
Full Name School

_____ and requires Gastric Tube Feeding during the
Problem/Diagnosis

school day.

I hereby request this service be provided for my child and I will furnish the necessary supplies.

I understand this is a special service and this permission letter releases the Allen ISD of any responsibility or liability in performance of this procedure.

Executed on this _____ day of _____, 20_____.

Witness

Signature of Parent or Guardian

Given under my hand and seal of office this _____ day of _____, 20_____.

Notary Public