

*Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151
Phone: 215-877-0313 x 231*

Request To Administer Tube Feeding at School

Child's Name: _____

Date of Birth: _____

Type/Size of Tube in Place: _____

Supplement: _____

Amount: _____

Time of Administration: _____

Method of Administration (gravity/pump): _____

Rate of Administration: _____

Water Bolus (specify amount, if any, if before or after supplement and what rate to be given):

**** If Student is fed by mouth and by tube this section must be completed****

Please outline clearly how the tube feeding volume is adjusted by the amount of food consumed orally. (i.e. if student takes 1/2 of their lunch tray feed 1/2 volume of supplement - or - if student eats all their lunch do not give any supplement)

If the student takes all their meal by mouth does the student require a water bolus?

If so, please indicate amount and rate: _____

Physician Name (please print)

Date form completed

Office Address: _____

Office Phone Number

Physician Signature

Parent/Guardian Signature & Date