



Clarksville-Montgomery County School System

HEALTH SERVICES

PHYSICIAN'S ORDERS FOR FEEDING

School year 20__ - 20__

Student _____ School _____ Teacher _____

Diagnosis _____ DOB _____

___ No food or liquids by mouth

___ Liquids only by mouth

1. Type of liquids _____

2. Consistency _____

3. Amount per feeding _____

4. Frequency _____

___ Food by mouth

1. Types of foods _____

2. Foods to be omitted _____

3. Consistency _____

4. Amount per feeding _____

5. Frequency _____

___ J Tube Feeding/G Tube Feeding/Naso-gastric Tube Feeding/Gravity Feeding/Pump Feeding

Rate _____ cc/hr

1. Type of formula _____

2. Amount per feeding _____

3. Frequency _____

4. Amount of water to flush _____

5. Fluids _____

Additional comments _____

Physician's Signature _____ Date _____

Physician's address _____

Physician's telephone number _____ Fax# _____

PARENT/GUARDIAN PERMISSION FOR RELEASE OF INFORMATION

___ Release/obtain medical information to/from Clarksville-Montgomery County School System. Information will be used to develop an Individual Health Care Plan, as well as to facilitate continuity of treatment for this student. All information obtained will remain confidential. This release is valid for one school year and that school year is listed above.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____