



Dublin City School District

Students
5335.02 F7
Revised 6/27/19

Parent Agreement for Gastrostomy (G) Tube Reinsertion

PARENT REQUESTING ASSISTANCE

I, _____, am the parent of _____,
a student at _____. My child has a G tube catheter that will need to
be re-inserted if it becomes dislodged or falls out. In the event you cannot reach my spouse or me, I
give my permission for _____ to be called to reinsert
my child's G tube.

He/she can be reached at the following numbers:

Home _____, Cell _____, Other _____.

It is recommended that the designated individual also be listed on this student's Emergency Medical
Authorization.

I understand that if the above parent or designee cannot be reached or is not available, the squad will be
called to transport my child to the hospital for re-insertion of the tube.

Parent/Guardian Signature

Date

AGREEMENT TO ASSIST

I am knowledgeable as to the reinsertion of a G tube should it become dislodged or fall out. I,
_____, have been requested to reinsert the above-named student's G tube
in the event the parent(s) cannot be reached. I am willing to accept all responsibility for performing this
procedure as requested by the parent.

Designee's Signature

Date