



**DORCHESTER SCHOOL DISTRICT TWO  
NUTRITIONAL SUPPLEMENT REQUEST FORM**



**The following is to be completed by a physician/legal prescriber.**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Name of Nutritional Supplement: \_\_\_\_\_

Amount: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Times to be given at school: \_\_\_\_\_

Please check and complete those that apply:

- Oral Nutrition \_\_\_\_\_
- Per Pump \_\_\_\_\_ at a Rate of \_\_\_\_\_ Flush with \_\_\_\_\_ cc of water
- Per Gravity Syringe \_\_\_\_\_ Flush with \_\_\_\_\_ cc of water
- Deliver \_\_\_\_\_ cc of water daily at \_\_\_\_\_ o'clock
- Prior to administration of formula gently draw back on the syringe plunger: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
- If aspiration greater than \_\_\_\_\_ cc DO NOT feed. Delay \_\_\_\_\_ minutes, and then repeat aspiration
- If the aspirate continues to be greater than \_\_\_\_\_ cc hold feeding
- Additional notes: \_\_\_\_\_

\_\_\_\_\_  
Physician/Legal Prescriber (Print Name and Title)

\_\_\_\_\_  
Signature of Physician/Legal Prescriber

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Fax Number

\_\_\_\_\_  
Date

**The following is to be completed by a parent/legal guardian.**

1. I, the undersigned, ask that the above formula to be administered to my child as directed and here by release everyone participating in this request from any and all liability associated therewith or stemming there from.
2. When the school nurse is not available, the principal's designees will assist your son/daughter in taking his/her nutritional supplement.
3. Parent/legal guardian must bring the formula in an unopened bottle.
4. Parents are reminded that tube feedings will not be administered at school without a Dorchester School District 2 Nutritional Supplement Request Form completed by a legal prescriber and signed by the parent/or legal guardian.
5. Parents are also reminded that school personnel will dispose of formula not claimed at the end of the school year.
6. All formula will be handled in accordance with the above guidelines through the school nurse or principal's designee.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date