

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
and  
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY  
SCHOOL HEALTH SERVICES

**AFFIDAVIT - MEDICAL RELEASE FOR GASTROSTOMY FEEDING**

**Instructions:** Complete the form, have notarized, and return to the school health room. Note that this agreement is valid for no more than the current school year.

I, the undersigned, \_\_\_\_\_, have enrolled my child,  
Parent/Guardian Name

\_\_\_\_\_, at \_\_\_\_\_  
Child Name School Name Grade

It is necessary for my child to have a medical procedure performed during school hours. The procedure is:

Gastrostomy feeding (G-tube)

A physician's order for this procedure is on file at the school.

- 1. I specifically request that this procedure(s)** be administered by trained members of the school staff. I understand that these individuals have been trained by licensed medical personnel to perform this procedure and have demonstrated proficiency in performing this procedure in accordance with the policy established by the School Board of Sarasota County, Florida, and the Florida Department of Health in Sarasota County under the orders of \_\_\_\_\_ (Physician Name). I hereby release all claims, demands, damages, actions, causes of action or suits at law or in equity, of whatsoever nature, against the School Board of Sarasota County, Florida, and the Florida Department of Health in Sarasota County and any of their employees, including for any negligence of said employees, arising out of, or in any way connected to, the administration of Medical Procedure(s) hereunder.
- 2. I also understand that if there is special equipment needed to perform this procedure, it will be** maintained by me; delivered to the school in working order daily, and that school and Florida Department of Health in Sarasota County personnel will assume no responsibility for the proper maintenance or delivery of the special equipment necessary for this procedure.

**Equipment Supplied by Parent:**

Syringe, extension tubing, Foley catheter  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

STATE OF FLORIDA, \_\_\_\_\_ COUNTY

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by  
\_\_\_\_\_

Personally known \_\_\_\_\_

Produced identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Typed or Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_

## **AFFIDAVIT - MEDICAL RELEASE FOR GASTROSTOMY FEEDING**

### **Instructions:**

AFFIDAVIT is a written statement made under oath. An affidavit must be signed by the parent/guardian before a child specific procedure can be carried out in the school.

Before the affidavit is signed by the parent/guardian, a skills checklist for the child specific procedure must be completed with the name of the trained Sarasota County School Board staff person, date, and signatures of the preceptee (school staff) and preceptor (licensed health care professional).

Make sure all lines are properly completed.

1. Parent/guardian's full name
2. Child's full name
3. Name of school
4. "Under the orders of": Fill in the physician's name
5. List all equipment supplied by the parent/guardian
6. "Dated this": Fill in day, month, and year
7. Signature of parent/guardian, address, and phone number
8. Parent is responsible for having a Notary Public witness, sign, and affix seal to the Affidavit
9. An affidavit must be completed at the beginning of each school year or when a new medical procedure is ordered.