

HMS SCHOOL
FOR CHILDREN WITH CEREBRAL PALSY

4400 Baltimore Avenue

Philadelphia, PA 19104

(215) 222-2566 Phone

(215) 662-5159 Nurses' Station Fax



ORDER FOR ADMINISTRATION OF ENTERAL FEEDING

Name of Student _____ D.O.B. __/__/__

Type of Formula/Feeding _____

Method of Feeding (please specify rate if feeding by pump) _____

Volume of Feeding(s) _____

Timing of Feeding(s) _____

Name of Physician or Nurse Practitioner _____

Signature _____ Date __/__/__

License # _____