



## Enteral Feed Regime

Name:..... Date of Birth: ..... Class group:.....

Type	Quantity	Flow rate	Time to be given




Signed..... Date..... Relationship to the child:.....

**To be completed by Member of Staff** Hob Moor Oaks agrees that the above feeding regime will be provided to this child in accordance with the parental request.

Signed..... Date..... Relationship to the child:.....

To be completed by the Child's class team We agree that we understand the requirements of this feeding regime.

Signed..... Date..... Signed..... Date.....

Signed..... Date..... Signed..... Date.....

Signed..... Date..... Signed..... Date.....