



# HUBER HEIGHTS CITY SCHOOLS

900.77  
7-06

## MEDICAL RELEASE FOR FEEDING

Children enrolled in school may be involved in feeding experiences in group situations or as a part of their lunch program. We need to be sure that all children can be safely fed a variety of foods, textures, and amounts or if they require special positioning or equipment.

Date \_\_\_\_\_

Student \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Grade/Room \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health Care Provider Statement: (check all that apply)

No restrictions in feeding

Special feeding needs

Limit feedings to "taste" of foods

Nothing by mouth. Gastrostomy tube feeding only.

Pureed consistency

Thickened liquids

Solids. Size of solid pieces \_\_\_\_\_

School lunch but these special requirements: \_\_\_\_\_

\_\_\_\_\_

Adaptive equipment needed: \_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_, the above named student had a complete exam with swallow study.

Results of this study: \_\_\_\_\_

Swallow study is scheduled for: \_\_\_\_\_

Swallow study is not recommended: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please return completed form to: \_\_\_\_\_

(Give results to: Teacher \_\_\_\_\_ Speech \_\_\_\_\_ OT \_\_\_\_\_ Health Record \_\_\_\_\_)