

MARIMOR SCHOOL
PHYSICIAN'S ORDER FOR SPECIAL DIETARY NEEDS

Student's Name	Date of Birth:
Does the student have a disability that affects eating, feeding or swallowing?	Yes No
Nature of the disability:	
If yes, does the student have special nutritional or feeding needs?	Yes No
If yes to <u>either</u> question, please complete this form and have it signed by a physician.	
<i>If you answered "No" to both of the above questions, please sign at the bottom and return the form to Kim Osborn, School Secretary.</i>	
List any dietary restrictions, special diet, supplemental feeding or special feeding times.	
List any allergies or food intolerances to avoid.	
List foods to be substituted and/or liquids that need modification: i.e., thickening.	
List foods that need the following change in texture. If all foods are to be prepared in this manner, indicate "All".	
Cut up or chopped to bite size pieces:	
Finely ground:	
Pureed:	
List any special equipment or adaptive utensils needed:	
Indicate any other comments regarding the student's eating or feeding patterns, i.e., pace/rate, specific amount of food, positioning:	
Parent's Signature	Date:
Physician's or Medical Authority's Signature:	Date: