## **Oral Feeding - Nutrition Information**

Student Last Name	Student First	Name Bir	thdate	Gend		Allergies	
Daniel Carlos Name		D.			ale   Female		
Parent/Guardian Name	Pai	Parent / Guardian Phone Number					
Physician Name		Phy	Physician Phone Number				
PART A							
Does the child receive nutrition via g-tube or j-tube? ☐ Yes ☐ g-tube ☐ j-tube ☐ No If YES, complete the Nutrition Information Tube feeding form							
Does the child have any special nutritional or feeding needs? ☐ Yes ☐ No							
If <b>YES</b> , complete <b>part B</b> and have it signed by <b>physician</b>							
If <b>NO</b> , parent/guardian may sign this form and return to school without physician signature							
PART B- Complete only if your child has special nutritional or feeding needs.							
Dietary restrictions	☐ YES (specify restrictions)						
	□ NO						
Level of assistance needed	☐ Full ☐ Hand over hand ☐ Supervise ☐ Independent						
Recent swallow study	☐ Yes Date of studyResults						
	□No						
ASPIRATION RISK WITH ORAL FEEDINGS							
☐ LOW or no aspiration risk ☐ HIGH aspiration risk							
POSITIONING DURING FEEDING Position of student during feeding and after feeding forminutes:							
☐ Upright ☐ Wheelchair ☐ Other							
RECOMMENDED FEEDING	S	ADAPTIVE FEEDING EQUIPMENT NEEDED					
☐ Support under chin ☐ Turn	Chin tuck □ adaptive bo		ve bowl	wl □ adaptive spoon			
☐ Other			☐ Other				
FOOD CONSISTENCY/TEXTURE			CONSISTENCY/		RECOMMENDED AMOUNTS OF ORAL		
☐ Pureed		TEXTURE			FOOD AND D	ORINK PER BITE/SIP	
☐ Casserole/ground meat		□ NO liquids				te □ 1 tsp per bite	
☐ Mechanical soft		☐ Thin liquids				☐ Sippy Cup	
Regular (includes raw vegetables & chips)		☐ Thick liquids			☐ Other		
Other Other Other							
Other relevant medical or dietary information:							
Physician Signature		Printed Name			Date		
I hereby request and give my permission for MDS nurse to administer the above-stated feeding to my child. I agree to submit a revised							
nutrition information form if anything changes and annually as required. I understand I must provide all the necessary equipment, supplies,							
and formula for my child's feeding	ıg.						
Parent/Guardian Signature		Printed Name			Date		

