

AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

AMARILLO, TEXAS

FEEDING PERMISSION

STUDENT _____ CAMPUS _____

PHYSICIAN'S WRITTEN REQUEST*

- YES NO
- The school speech therapist or other assigned school personnel may administer a feeding/oral motor stimulation program.
- Does this student have a history of aspiration?
- Does this student have any food allergies? If yes, please list: _____

How does this student receive most of his/her nutritional intake? (Circle appropriate one.)

Gastrostomy tube

Oral

Bottle

Special instructions: _____

Specialized utensils

Thickened liquids

Soft textures

Specialized placement

Pureed foods

Spoon fed by adult

Physician

Date

PARENT CONSENT*

I give my consent for the school speech therapist or assigned school personnel to feed _____ as instructed above.

Parent

Date

***NOTE: Physician's request and parent consent must be updated annually.**