



Innovate Collaborate Inspire

Marysville Exempted Village School District
Department of Food and Nutrition

Medical Directive for Nutrition

*****Please fill out this form in its entirety to ensure adequate care*****

Part A

Student name _____ Age _____

Name of School:

- _____ Bunsold Middle School
- _____ Creekview Intermediate School
- _____ Early College High School
- _____ Edgewood Elementary
- _____ Marysville High School

- _____ Tri Academy
- _____ Mill Valley Elementary
- _____ Navin Elementary
- _____ Northwood Elementary
- _____ Raymond Elementary

Grade Level _____

Classroom _____

Does the child have a disability? Yes No

If yes, please describe the major life activities affected by the disability. _____

Does the child have special nutritional or feeding needs? Yes No

If yes, please complete Part B of this form and have it signed by a licensed physician.

If the child is not disabled, does the child have special nutritional or feeding needs? Yes No

If yes, please complete Part B of this form and have it signed by a recognized medical authority.

If the child **does not** require special meals, the parent can sign at the bottom and return the form to the school food service.

Part B

List any dietary restrictions or special diet. _____

List any allergies or food intolerances to avoid. _____

List **all** foods to be substituted. _____

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".

| Cut in bite size pieces | Chopped | Finely Ground | Pureed |
|-------------------------|---------|---------------|--------|
| | | | |

List any special equipment or utensils that are needed: _____

Indicate any other comments about the child's eating or feeding patterns: _____

Parent Signature _____ Date _____

Physician Signature _____ Date _____

Medical Authority Signature _____ Date _____

For Food Service use only

Date received _____ Building receiving form _____

Name of food service personnel receiving _____

Title of person receiving form _____

Notes _____

Document modeled after provided information from ODE [form](#)