



**DIETARY TEXTURE MODIFICATION
RELEASE FORM**

Is under my care

(Name of Student/Individual – Address – Date of Birth)

and should receive the following dietary modifications:

FOOD

- Ground Foods (Mechanical Soft) – all food prepared to size no bigger than cooked rice. Tough Foods that are too coarse to grind will be pureed.
- Pureed Foods – food is prepared to be smooth with no lumps.

LIQUIDS

- Thickening of liquids is NOT required.
- Thickening of ALL liquids is required. Please note consistency:
 - Nectar – slightly thick consistency – it drops off when poured from spoon
 - Honey – thicker – it comes off in sheets when poured from spoon
 - Pudding – very thick but smooth

COMMENTS: _____

**** Note:** Meals provided by the SCBDD are based on the nutritional guidelines established by the USDA for School Lunch Programs. Caloric, fat, or sodium restricted diets are **NOT PROVIDED** by the program.

All modifications of diet textures and thickening of liquids must be prescribed by a physician and update on an annual basis.

Licensed Health Professional Signature: _____ Date: _____

Licensed Health Professional Name (Print): _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____