Madison County Schools
Office of Child Nutrition

117 Fourth Street
Flora, MS 39071
Phone: 601-879-3080
Fax: 601-879-9764

Medical Statement for Special Diets

PART 1

Date: _____

Name of Student: _____

Name of School District: Madison County Schools

School Attended by Student: _____

PART 2 (To be completed by Medical Authority)

Patients Name: _____ Age _____

Diagnosis _____

_____

_____

List food(s) to be omitted from diet and food(s) that may be substituted:

_____

_____

_____

Special Equipment:

_____

_____

_____

_____ _____

DATE SIGNATURE of PHYSICIAN