Office of Child Nutrition
Phone: 601-894-1512
Fax: 601-894-6484

Medical Statement for Special Diets for the 2017-2018 School Year

Medical Statements **Must be Renewed Yearly** by a Medical Authority and Can Only be Changed by a Medical Authority

Part 1

Date: ____

Name of Student: ____

Name of School District: Hazlehurst City School District

School Attended by Student: ____

Part 2

Patient's Name: ____ Age: _______________

Diagnosis: ____

____

____

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

____

____

____

____

____

Does this student require an Epi pen for this condition?

____

Special Equipment: ____

________________________ ______________________________

Date Signature of Medical Authority

____

Clinic Name Phone Number