



South Panola School District Child Nutrition Dept.

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Web Site: www.SPSSchoolCafes.com

Mr. Tim Wilder, Superintendent

Ashton King, MS, RD, LD
Director of Child Nutrition

Medical Statement for Dietary Modification for Non - Disabled Child

(Medical statement must be **renewed yearly** by a medical authority and can only be changed by a medical authority.)

Part I: *To be filled out by School District/School/Organization/Sponsor*

Date: _____
Name of Student: _____
Address: _____
_____ Date of Birth: _____
Name of School District: South Panola School District
School/Provider/Center Name: _____
School/Provider/Center Address: _____

Part II: *To be filled out by a Medical Authority*

Name of Patient: _____ Age: _____
Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet: _____

List the foods to be omitted from the student's diet: _____

List the foods that may be used in substitution of the omitted foods: _____

If applicable, list any special equipment: _____

Signature of Medical Authority

Date