



Office of Child Nutrition
325 Kapik Road, Hernando, MS 38632
PH: (662)449-7199 | FX: (662)449-7234

Medical Statement for Special Diets

PART I

Date: _____

Name of Student: _____

Name of School District: DeSoto County Schools

School Attended by Student: _____

To speak with a Registered Dietitian on staff at the Child Nutrition Department about menu planning and possible substitutions for your child, email alex.hallmark@dcsms.org or call 662-449-7254. Please visit www.desotocountycn.org for list of products with allergens.

PART II *(To be filled out by a Medical Authority)*

Patient's Name: _____ Age: _____

Diagnosis: _____

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

Special Equipment: _____

DATE

SIGNATURE of PHYSICIAN