



DeSoto County Schools Office of Child Nutrition

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Alex Hallmark, RN, RD
Director of Child Nutrition

Medical Statement for Special Diets

PART I

Date: _____

Name of Student: _____

Name of School District: DeSoto County Schools

School Attended by Student: _____

- Check box if you would like to speak with the Registered Dietitian on staff at the Child Nutrition Department about menu planning and possible substitutions for your child.

Contact Name _____ Contact Number _____

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