South Panola School District
Child Nutrition Dept.

209 Boothe Street, Batesville, Mississippi 38606/ Phone (662) 563-6006 / Fax (662) 563-6077
Web Site: www.SPSDSchoolCafes.com

Mr. Tim Wilder, Superintendent

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

Medical Statement for Dietary Modification for 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 Physician*

Name of Patient: _____Age: _____

Diagnosis: _____

_____

Describe the individual's disability and the major life activity affected by the disability:_____

_____

_____

Does the disability restrict the individual's diet? Yes_____ No_____

If yes, list the food(s) to be omitted from the student's diet **and** food(s) that may be substituted:_____

_____

If applicable, list any special equipment:_____

_____ _____

Signature of Physician **Date**