

Tunica County Schools
Office of Child Nutrition
744 School Street
P.O. Box 758
Tunica MS 38676
Phone: 662-363-2811 or Fax 662-363-3061

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Director of Child Nutrition

Medical Statement for Special Diets

Part I

Date: _____

Name of Student: _____

Name of School District: Tunica County Schools

School Student Attends _____

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