



# South Panola School District Child Nutrition Dept.

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Web Site: [www.SPSDSchoolCafes.com](http://www.SPSDSchoolCafes.com)

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Mr. Tim Wilder, Superintendent

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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: \_\_\_\_\_

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### 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