



# South Panola School District Child Nutrition Dept.

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Web Site: [www.SPSSchoolCafes.com](http://www.SPSSchoolCafes.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 Non - 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 Medical Authority

Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Describe the medical or other special dietary needs that restrict the child's diet: \_\_\_\_\_

\_\_\_\_\_

List the foods to be omitted from the student's diet: \_\_\_\_\_

\_\_\_\_\_

List the foods that may be used in substitution of the omitted foods: \_\_\_\_\_

\_\_\_\_\_

If applicable, list any special equipment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Date