



DeSoto County Schools
Office of Child Nutrition

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Hernando, MS 38632
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Cynthia Coleman, R. D.

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: _____

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