

**Wilkinson County School District**  
**Office of Child Nutrition**

Post Office Box 1053  
451 Main Street  
Woodville, MS 39669  
Phone: 601-888-3483  
Fax: 601-888-4722

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**Medical Statement for Special Diets**

**Part I**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of School District: **Wilkinson 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**