

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

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