



Brookhaven School District
Office of Child Nutrition

Phone: 601-833-2886
Fax: 601-833-2852

Medical Statement for Special Diets for the 2018-2019 School Year

*Medical Statements Must be **Renewed Yearly** by a Medical Authority and Can Only be Changed by a Medical Authority*

Part I

Date: _____

Name of Student: _____

Name of School District: Brookhaven School District

School Attended by Student: _____

Part II (To be filled out by Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis:

List foods to be omitted from diet and food(s) that may be substituted: **Parents: Due to USDA regulations juice cannot be substituted for milk free of charge.**

Does the student require an epi pen for this condition? _____

Special Equipment:

Date

Signature of Medical Authority

Clinic Name

Phone Number

Please return to the cafeteria of the school the child attends or fax to the Child Nutrition Office (number above). This must be updated at the beginning of school each year and on file with the cafeteria before a special meal can be given to the student.