



**Brookhaven School District  
Office of Child Nutrition**

Phone: 601-833-2886

Fax: 601-833-2852



**Medical Statement for Special Diets for the 2020-2021 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: (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 (601-833-2852). 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.**

This institution is an equal opportunity provider.