



Hazlehurst City School District

Excellence is the Expectation

Cloyd Garth, Jr., Superintendent

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OFFICE OF CHILD NUTRITION

Medical Statement for Special Diets for the 2019-2020 School Year

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

Part 1

Date: _____

Name of Student: _____

Name of School District: Hazlehurst City School District

School Attended by Student: _____

Part 2

Patient's Name: _____ Age: _____

Diagnosis: _____

Does this student require an Epi Pen for this condition? _____

Special Equipment: _____

Date

Signature of Medical Authority

Clinic Name

Phone Number