

**Kosciusko School District
Office of Child Nutrition**

229 West Washington Street
Kosciusko, MS 39090
Phone: 662-289-4771 or 662-289-8765
Fax: 662-289-1177

Medical Statement for Non-Disabled Child

Part I

Date: _____

Name of School District: **Kosciusko School District**

Name of Student: _____

Address: _____

_____ Date of Birth: _____

School Attended by Student: _____

School Address: _____

Part II (to be completed by a Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet: _____

List food(s) to be omitted from the diet and food(s) that may be substituted: _____

Special Equipment needed: _____

Date

Signature of Medical Authority