



Lamar County Schools

Mrs. Becke Bounds, Child Nutrition Director ♦ becke.bounds@lamarcountyschools.org

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STATEMENT for SPECIAL DIETS **with** **FOOD RESTRICTIONS**

Date _____

Name of Student _____ Age _____

School Attended by Student _____

List food(s) to be omitted from diet:

Reason for omitted food(s):

SIGNATURE of PARENT/GUARDIAN