



# Lamar County Schools

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## MEDICAL STATEMENT for SPECIAL DIETS

### **PART I** (To be filled out by Parent/Guardian.)

Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of School District \_\_\_\_\_

School Attended by Student \_\_\_\_\_

### **PART II** (To be filled out by a Medical Authority.)

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE of PHYSICIAN