



## Medical Statement for Special Diets

### Part I

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Name of School District:** Tishomingo County School District

**School Attended by Student:** \_\_\_\_\_

### Part II

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

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

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

### Part III

Please provide an explanation of how the food impacts the student. Select any symptoms that may occur as a result of eating the specified foods.

- Tingling or itching in the mouth  Hives, itching or eczema
- Swelling of the lips, face, tongue, and throat or other parts of the body.
- Wheezing, nasal congestion or trouble breathing
- Abdominal pain, diarrhea, nausea or vomiting
- Dizziness, lightheadedness or fainting
- Other-Please describe: \_\_\_\_\_

**Provider's Name:** \_\_\_\_\_

**Provider's Phone Number:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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