

Tunica County Schools  
Office of Child Nutrition  
744 School Street  
P.O. Box 758  
Tunica MS 38676  
Phone: 662-363-2811 or Fax 662-363-3061

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Director of Child Nutrition

Medical Statement for Special Diets

Part I

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

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

Name of School District: Tunica County Schools

School Student Attends \_\_\_\_\_

Part II (To be filled out by a Medical Authority)

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

Diagnosis

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

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Special Equipment:

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Date

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Signature of Physician