
Wards Creek Elementary



Lighting the Way to

Leadership

6555 State Road 16
St. Augustine, FL 32092
(904)547-8730

Edie Jarrell, Principal
Marci Knight, Assistant Principal

MEDICAL STATEMENT
FOOD AT SCHOOL

Name of student: _____ Date: _____

Name of parent/guardian: _____ Phone: _____

School: Wards Creek Elementary

The following needs to be completed by the child's physician

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food (s) that may be substituted:

Additional information:

Date

Signature of Child's Physician

Phone number: _____

