

# Konawa Public School

701 West South Street  
Konawa, OK 74849-9602

Phone: 580-925-3244  
Fax: 580-925-2146  
Email: [Konawa.k12.ok.us](mailto:Konawa.k12.ok.us)

Konawa School Cafeteria is a nonprofit organization that has to be self-sufficient. This is the reason we are asking for all account to be brought up to date and pre-pay for future meals. This way we can continue to provide good wholesome meals for each child. Konawa School is not obligated to provide meals without payment. Konawa School policy for the cafeteria is that no meals be charged.

You may check your child's balance by going to:  
[www.konawa.k12.ok.us](http://www.konawa.k12.ok.us) then go to parent resources grade book, put username and password and login. On the students page you can see the lunch room payment, which shows how much the students (owes) or has in their account. You can also contact Roberta Brake at 580-925-3244 ext. 256 or email at [robertabrake@konawa.k12.ok.us](mailto:robertabrake@konawa.k12.ok.us)

Also on the school web site you can view the menu under the cafeteria tab at the top. The menu is also posted on Facebook under Konawa School Cafeteria.

Thank you,  
Roberta Brake  
CNP Manager  
Konawa School

MEDICAL STATEMENT  
FOR  
CHILDREN *WITHOUT* DISABILITIES  
Requesting Special Foods in Child Nutrition Programs

Part I (to be filled out by SFA or Parent/Guardian)

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

Name of Parent/Guardian: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School District: \_\_\_\_\_ School Attended by Student: \_\_\_\_\_

Part II (to be filled out by a recognized Medical Authority)

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

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

List food(s) to be omitted from diet:

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

List food(s) that may be substituted (diet plan):

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

Additional information:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Recognized Medical Authority

\_\_\_\_\_  
Telephone Number: