

Parent/Guardian Request for Fluid Milk Substitution Dare County Schools, School Nutrition Program
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Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs¹. Important note: Program operators are not required to provide substitutions and this request may be denied². Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

If there are additional special nutritional needs do not use this form. For all other special nutritional needs for school meals a more comprehensive form is required. That form is, "Medical Statement for Students with Unique Mealtime Needs for School Meals".

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Phosphorus	222 mg
Calcium	276 mg	Potassium	349 mg
Vitamin A	500 IU	Riboflavin	.44 mg
Vitamin D	100 IU	Vitamin B-12	1.1 mcg
Magnesium	24 mg		

¹Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); ²Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

To be completed by Parent/Guardian and returned to School Nurse:	
Student's name: _____	
School: _____	Grade: _____
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk: _____	
Lactose free cow's milk for regular cow's milk	
Parent Signature: _____	Date: _____
Parents, Return this completed form to the school nurse. The nurse will keep the original.	
Distribution by nurse: Cafeteria Manager, date sent _____ School Nutrition Director (Board of Ed.), date sent _____ School Principal, date sent _____	
OFFICE USE ONLY	
Milk substitute provided? Y N	Date: _____

This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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