PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR SCHOOL-AGE CHILDREN

Student ID #:_____

1. Name of School Food Authority	2. Name of School Site	3. Site Telephone Number
4. Name of Student		5. Age or Date of Birth
6. Name of Parent/Legal Guardian		7. Telephone Number ( )

8. The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that **do not** rise to the level of a disability.

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. School districts and agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. **The student's parent or legal guardian must sign this form.**

9. Medical or other special dietary need requiring a fluid milk substitution:

10. Signature of Parent/Legal Guardian	11. Printed Name of Parent/Guardian	12. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.

Please be aware that Soy Milk or Lactose-Free Milk will be provided as the substitution. If there is a preference as to which, please be sure to indicate that in Section 9. If a different substitute is required, the Medical Statement to Request Special Meals and/or Accommodations must be completed and signed by a licensed medical authority.

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