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

1. School	2. Site Name	3. Site Phone Number
4. Name of Child		5. Age or Date of Birth
6. Name of Parent/Guardian		7. Phone Number

8. The above listed child **does not** have a disability, but is requesting a fluid milk substitute due to a special dietary need. 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 children with special dietary needs that **do not** rise to the level of a disability.

This written statement will remain in effect until the parent or guardian revokes such statement or until the school discontinues the fluid milk substitution option. School districts participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.

The child's parent or guardian must sign this form.

9. Explanation of special dietary need requiring a fluid milk substitution:

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

Please note: when necessary, the information on this form should be updated to reflect the current nutritional needs of the child.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights,1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: 833-256-1665 or 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.