

Substitute for Fluid Milk Request Form for School Lunch

This form can be completed when a substitute for fluid milk for a child is required in the National School Lunch Program* due to medical reasons, disabilities, or severe allergies. This form may only be used to request a fluid milk substitute at lunch. The form may be filled out by parent/guardian, signed, and returned to _____

Participant Information: (completed by parent/guardian)

Participant's full name: _____ Date: _____

Date of birth: _____

Name of school/center/site attends: _____

Parent/guardian name: _____

Phone number: (Cell) _____ Other: _____

Updates to this form are required only if the child's needs have changed.

Required Information: Dietary Accommodation

1. List food to be omitted and substituted.

Food to be left out	Food to be replaced**
Fluid dairy milk	

**The school is not required to provide a specific item/brand if it creates an undue burden. Program operators can use their discretion to offer a reasonable alternative that safely meets the student's needs.

2. Briefly explain how exposure to the food affects the participant.

Parent Signature

Parent Name (print): _____

Signature: _____ Date: _____

Phone number: _____