



Fluid Milk Substitution Form

*This form is used **only for milk substitutions**.*

If your child requires accommodations for other dairy products or food allergies, please complete a **Special Diet Request Form** signed by a medical provider.

To the Parent/Guardian of: _____

Student ID: _____

School Name: _____

COMPLETE THIS FORM ONLY FOR STUDENTS WITH MILK (LACTOSE) INTOLERANCE

Our school health records indicate that your student has milk (lactose) intolerance. Please complete this form and return it to the school clinic. This form will be placed in your student's health record and shared with Food & Nutrition staff.

If your child's medical or health needs change, it is the responsibility of the parent/guardian to provide written updates to Food & Nutrition Services and the school nurse.

Breakfast and Lunch for Early Childhood

Due to a recent USDA policy change, Princeton ISD will ONLY OFFER USDA-approved Ultra Soy Vanilla Milk as the milk substitute for students with a documented medical condition.

Students in these programs may NOT decline menu items.

Breakfast and Lunch for K–12

Students in elementary, middle, and high school may decline menu items, including milk.

Therefore, soy milk will not be provided unless requested. Parents are encouraged to send beverages from home.

Please select ONE option:

☐ **USDA-approved Ultra Soy Vanilla Milk**

I would like my child to receive soy milk for the entire school year.

Please ensure your child will consume this product before selecting.

☐ **No Milk Substitute Needed**

(Does not apply to Early Childhood)

Parent Signature: _____

Date: _____

This Institution is an equal Opportunity Provider