

Parent Request Form for Fluid Dairy Milk Substitution

Date: _____

School Year: _____

All sections must be completely filled out for this form to be accepted. *indicates required field.

A. STUDENT INFORMATION

*Student Last Name: _____ *First Name: _____ Date of Birth: ____/____/____

*School: _____ Grade: _____ Student ID: _____

*Parent/Guardian Name: _____ *Phone: _____

B. DISABILITY AND DIETARY IMPACT

*Please identify the disability (physical or mental impairment) that substantially limits one or more major life activities (eating, digestion, bodily functions, etc.) as defined under Section 504 and the ADA, and requires the restriction of **fluid dairy milk** from the diet. (Lactose intolerance and other food-related medical conditions may qualify as disabilities)

***MEDICAL DIAGNOSIS:** _____

C. SERVICE AND APPROVED MILK SUBSTITUTE

Following the current regulations, the removal of fluid dairy milk will **only** be for the **lunch service**. For all other meals and snacks (i.e. breakfast), fluid dairy milk will be offered to your student. Nutrition Service's milk substitute for the 26-27 school year is **soy milk**. There will be **no** substitutions. Water is made available to all students daily in the cafeteria.

D. PARENT/LEGAL GUARDIAN CERTIFICATION AND ACKNOWLEDGMENTS

By submitting this request, I acknowledge and understand the following:

1. This request applies only to fluid dairy milk.

This form allows my child to receive a substitution only for fluid dairy milk served as a beverage.

2. Dairy and milk-protein containing foods will still be served.

I understand that my child will continue to receive foods that contain dairy ingredients, such as cheese, yogurt, butter, and foods prepared with milk ingredients or milk protein.

3. Additional dietary accommodations require medical documentation.

I understand that any other dietary accommodations—including food allergies (such as peanuts, tree nuts, eggs, soy, wheat, fish, or shellfish), milk-protein restrictions, lactose intolerance, oral nutrition supplement needs, or texture-modified diets—require Nutrition Service's **Special Dietary Accommodation Form**, which must be completed and signed by a licensed physician or authorized medical authority.

5. This accommodation applies to lunch only.

I understand that, due to current regulations, this fluid dairy milk substitution applies only to lunch service and does not extend to breakfast, snacks, or other meal programs offered by Nutrition Services. If I want the fluid dairy milk to be restricted from all meal programs, I must submit a physician's request form for accommodations.

6. I am responsible for notifying the district if my child's needs change.

I understand that this request does not automatically carry over to the next school year. The district requires families to confirm or resubmit this request annually so that meal accommodations can be processed correctly. I am also responsible for notifying the district at any time if my child's dietary needs change, including any new, additional, or updated restrictions.

By signing below, I confirm that I have read and understand all of the acknowledgments listed above.

Parent Signature: _____ Date: _____

Send completed form to school nurse. Please submit a Parent Request Form for Fluid Dairy Milk each school year. Please allow two business weeks for processing. Fax completed forms to (713) 491-5998. Contact NSSPECIALDIETS@houstonisd.org with questions.

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