

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

1. School District	2. School Name	3. Site Telephone Number
4. Name of Student		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number
<p>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 no rise to the level of disability.</p> <p>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.</p>		
9. Medical or Other Special Dietary Need Requiring a Fluid Milk Substitution:		
10. Signature of Parent/Legal Guardian	11. Printed Name	12. Date

This information on his form should be updated to reflect the current medical and/or nutritional needs of the student.