

FLUID MILK SUBSTITUTION FOR SCHOOL-AGE CHILDREN

1. NAME OF STUDENT	SCHOOL:	GRADE:	2. AGE OR DATE OF BIRTH
3. NAME OF PARENT/LEGAL GUARDIAN			4. TELEPHONE NUMBER () HOME PHONE CELL OR WORK PHONE
5. EMAIL ADDRESS:			
<p>6. 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 do not drink cow's milk due to taste or other preferences. 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. Medical authority signature is optional.</p>			
<p>7. MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION: <input type="checkbox"/> LACTOSE INTOLERANCE <input type="checkbox"/> NON-LIFE-THREATENING MILK ALLERGY <input type="checkbox"/> RELIGIOUS, ETHNIC, CULTURAL BELIEF</p>			
<p>8. REQUESTED FLUID MILK SUBSTITUTE (PLEASE NOTE THAT THE SCHOOL FOOD AUTHORITY HAS THE DISCRETION TO SELECT A SPECIFIC BRAND WHICH MEETS SPECIFIC NUTRITIONAL CONTENT)*: <input type="checkbox"/> DISTRICT APPROVED LACTOSE FREE MILK SUBSTITUTE <input type="checkbox"/> NO SUB REQUESTED</p> <p>*School districts, by regulation, are not permitted to substitute juice or water in place of fluid milk for non-disabling conditions.</p>			
9. SIGNATURE OF PARENT/LEGAL GUARDIAN	PRINTED NAME OF PARENT/GUARDIAN	DATE	
10. SIGNATURE OF MEDICAL AUTHORITY (OPTIONAL)	PRINTED NAME OF MEDICAL AUTHORITY	DATE	

The information on this form should be updated annually to reflect the current medical and/or nutritional needs of the student.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).