Parental Request for a Fluid Milk Substitution for School-age Children

1. School	2. Site Name	3. Site Phone Number

4. Name of Child	5. Age or Date of Birth

6. Name of Parent/Legal Guardian	7. Phone Number

8. Reason for Fluid Milk Substitution Request (select one):

- ○ **Non-disability** request for a fluid milk substitute. The child listed above **does not have a disability** and the parent/legal guardian is identifying a need for a fluid milk substitute due to a special dietary need, such as religious or moral convictions, or personal preference.

- ○ **Disability** request for a fluid milk substitute. The child listed above **has a disability** that restricts their diet and the parent/legal guardian is identifying a need for a fluid milk substitute at lunch.

  Recommended substitute:

In a non-disability situation, the school food authority (SFA) 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 children with special dietary needs that **do not** rise to the level of a disability.

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. SFAs participating in federal School Nutrition Programs (SNP) are encouraged, but not required, to accommodate non-disability requests. SFAs participating in the SNPs are required to make substitutions for students whose disabilities restrict their diet.

The child's parent or legal guardian must sign this form.

9. Description of special dietary or disability need requiring a fluid milk substitution:

10. Signature of Parent/Guardian	11. Printed Name	12. Date

Instructions

1. **School**: Print the name of the school that is providing the form to the parent/guardian.
2. **Site**: Print the name of the site where meals will be served.
3. **Site Phone Number**: Print the phone number of site where meals will be served.
4. **Name of Child**: Print the name of the child to whom the information pertains.
5. **Age of Child**: Print the age of the child. For infants, please use date of birth.
6. **Name of Parent/Legal Guardian**: Print the name of the person requesting the child's fluid milk substitution.
7. **Phone Number**: Print the phone number of the parent/legal guardian.
8. **Reason for Fluid Milk Substitution Request**: Select the reason for submitting this fluid milk substitution request. If the child does not have a disability, but a special dietary need, then select the first checkbox. If the child has a disability that affects their diet, select the second checkbox and provide a recommended substitute for fluid milk. For parent/legal guardian requests due to a child's disability, this form may only be used to accommodate fluid milk substitutions at lunch.
9. **Description of special dietary or disability need requiring a fluid milk substitution**: Describe the non-disability special dietary need, or how the physical or mental impairment affects the child's diet.
10. **Signature of Parent/Legal Guardian**: Signature of parent/guardian requesting the fluid milk substitution.
11. **Printed Name**: Print name of parent/legal guardian.
12. **Date**: Date parent/legal guardian signed the form.

Please note: when necessary, the information on this form should be updated to reflect the current nutritional needs of the child.

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1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. fax: 202-690-7442; or
3. email: Program.Intake@usda.gov.

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