

## 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/Guardian		7. Phone Number
<p>8. The above listed child <b>does not</b> have a disability, but is requesting a fluid milk substitute due to a special dietary need. 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 children with special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or guardian revokes such statement or until the school discontinues the fluid milk substitution option. School districts participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.</p> <p><b>The child's parent or guardian must sign this form.</b></p>		
<p>9. Explanation of special dietary need requiring a fluid milk substitution:</p> <p>Please indicate the type of milk substitute requested:                      Lactose- Free Milk                      Soy Milk</p>		
10. Signature of Parent/Guardian	11. Printed Name	12. Date

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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027 <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

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](mailto:Program.Intake@usda.gov).

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