



Parental Request Form to Substitute only Fluid Milk

1. Parents/Guardians may request Soy Milk or Lactose-Free Milk as a substitute for only Fluid Milk.
 - a. This form is not intended to accommodate students who drink Fluid Milk substitutions due to taste preferences.
 - b. Milk is not a required component for a reimbursable meal.
2. A licensed medical authority signature is not required for this form.
3. Complete the form and return to stakeholders (i.e.: Food Service Manager, Nurse, Health Assistant or Registrar).

PARENT/GUARDIAN REQUEST TO SUBSTITUTE FLUID MILK

Student Name: _____ Student ID: _____ Date of Birth: _____

School Name: _____ Teacher: _____ Grade: _____

Mailing Address: _____

Choose Meals eaten at school: Breakfast Lunch Snack Supper DOES not consume School Meals

The above student does not have a disability, but as a parent/guardian, I am requesting (Please check as needed):

Soy Milk Lactose-Free Milk

***Juice is only available when featured on menus and portable water is located within the dining area of the cafeteria.**

The student's parent or guardian must sign this form to be processed.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Parent/Guardian Phone No.: _____ Date: _____

****This written statement will remain in effect until the parent/guardian revokes such statement.**

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