

Macon County Schools
Child Nutrition Department
Parental Request Form for Fluid Milk Substitution

The Child Nutrition Program operates school meals under the USDA requirements of the National School Lunch Program and School Breakfast Program. The *Fluid Milk Substitutions in the School Nutrition Programs* final rule sets nutrition standards for nondairy milk substitutes that may be offered as part of a reimbursable meal. Juice or other beverages do not qualify as a milk substitute as they are not nutritionally equivalent to milk.

If the student has a recognized disability, the Medical Statement for Students with Special Nutritional Needs must be completed.

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| Student Name: _____ |
| Student School: _____ |
| Student Grade: _____ |
| Date: _____ |
| Check below the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk: |
| <input type="checkbox"/> Lactose Intolerance Please note: Lactaid Milk is provided as the milk substitute for lactose intolerant students |
| <input type="checkbox"/> Milk Allergy- Must complete Medical Statement For Students with Special Nutritional Needs and Emergency Action Plan for Food Allergies Forms |
| Parent Signature: _____ |
| Please return this form to the Child Nutrition Manager or School Nurse. |

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| FOR SCHOOL USE ONLY |
| Form received by: _____ Date: _____ |
| Initial or Check below when completed: |
| Copy sent to: School Nurse: _____ Child Nutrition Manager: _____ VIP/More@4: _____ |
| Teacher: _____ CN Director: _____ |

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