



PARENT REQUEST FOR FLUID MILK SUBSTITUTION

Child's Name:	DOB:
Center:	Classroom:
<p>The above listed student is requesting a milk substitution. Approved milk substitutions include lactose free milk and soy milk only. All other requests must be made by your child's medical provider.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the next school year (at such time, the form will need to be updated).</p> <p>The student's parent or legal guardian must sign this form.</p>	
Milk Substitutions Needed: <input type="checkbox"/> Lactose-Free Milk <input type="checkbox"/> Soy Milk	
Reasons why the milk substitution is needed:	
Printed Parent Name:	Phone Number: ()
Parent Signature:	Date:

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