



Child Care Food Program Parent Request for Milk Substitution

Center/Provider	
Child's Name	
Date of Birth	

To be completed by parent/guardian:

I, _____, am the parent/guardian of the above named child. I am requesting that my child be served a beverage other than cow's milk because of (circle one)

PERSONAL PREFERENCE RELIGIOUS REASONS ALLERGY* SENSITIVITY OTHER: _____

For an allergy: Child is just unable to drink milk _____ OR Child is allergic to all dairy products _____

If the allergy is to all dairy products, a Medical Statement for Meal Modifications is required to be completed and signed by a licensed physician.

I would like my child to be served (check one):

	Breast Milk		Organic Milk
	Lactose Free or Lactose Reduced Milk		Soy Milk
	Ripple (shelf stable only)		

If a child is to be served a non-creditable milk (**almond milk, rice milk, coconut milk etc.**) or no milk (**water**), a **Medical Statement for Meal Modifications** is required to be completed and signed by a licensed physician.

While in care: _____ The parent will supply the alternative milk
 _____ The center/provider will supply the alternative milk**

****If a child has a milk substitution request related to a disability or a life threatening allergy, a Medical Statement for Meal Modifications completed by a licensed physician, PA, or ARNP must be on file. In this case, the child care provider is required to provide the requested milk substitution.**

Parent/Guardian Signature _____ Date _____

Director/Provider Signature _____ Date _____

Note: Only unflavored milks may be served to children under 6 years of age (ex. Original Soy Milk rather than Vanilla Soy Milk).