



Child Care Food Program Parent Request for Milk Substitution

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|-----------------|--|
| 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):

| | |
|---|---|
| <input type="checkbox"/> Breast Milk | <input type="checkbox"/> Organic Milk |
| <input type="checkbox"/> Lactose Free or Lactose Reduced Milk | <input type="checkbox"/> Soy Milk |
| <input type="checkbox"/> Ripple (shelf stable only) | <input type="checkbox"/> (check Milk Substitution List for creditable soy milk) |

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).