

Request to Omit Fluid Cow's Milk

Student Name _____ District _____
Birth Date _____ School _____
Parent Name _____ School Contact _____
Address _____ School Address _____
Phone _____ School Phone _____

To be completed by a recognized medical authority such as a licensed physician, physician's assistant, nurse practitioner OR by a parent/guardian.

The school is not required to provide substitutions for a milk allergy, lactose intolerance or for any other non-medical reason, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a recognized medical authority or parent/guardian. If diet modifications are implemented by the school, they will continue until either a recognized medical authority or a parent/guardian specifies that they should be changed or stopped. Parents/guardians are encouraged to annually provide updated instructions for diet modifications from a recognized medical authority or a parent/guardian.

Dietary Accommodations (select one):

1. **Lactose Intolerance – Please offer student:**
 Lactose-free milk Soy milk approved by USDA

OR

2. **Milk Allergy – Instead of fluid cow's milk, please offer student:**
 Soy milk approved by USDA – For substitutions other than soy milk, please use Form 19D.

OR

3. **Religious, ethical or cultural reasons – Instead of fluid cow's milk, please offer student:**
 Soy milk approved by USDA

Certification:

I certify that the student named on this form needs the prescribed fluid cow's milk omission and substitution(s) due to his/her milk allergy or lactose intolerance(s).

Medical Authority's Signature Phone Number Date

OR

I hereby give permission for the school staff to omit fluid cow's milk and make the above identified substitution(s) in my child's school meals.

Parent/Guardian's Signature Phone Number Date