

PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION

CONEJO VALLEY UNIFIED SCHOOL DISTRICT	Name of School	Date
Student Name		Date of Birth
Parent or Legal Guardian		Telephone Number

The above listed student does not have a disability, but the parent or legal guardian requests a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions, such as soy milk, due to taste preferences. The Child Nutrition Department has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements required by the National School Lunch Program. Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that **do not** rise to the level of a disability.

This written statement will remain in effect until the parent or legal guardian revokes such statement or until the Child Nutrition Department discontinues the fluid milk substitution option. The student's parent or legal guardian must sign this form.

Medical or other special dietary need requiring a fluid milk substitution		
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date

The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the student.