

Parental Request form for Fluid Milk Substitution

Student name:

Grade:

Date:

State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:

Parent Signature:

Please return this form to The Learning Center! Charter School Nutrition Program at:

Susan Blomeley, Nutrition Director
945 Conaheeta Street
Murphy, NC 28906
828 835 7240 susanb.tlc@gmail.com

As of October 14, 2008, USDA will allow Child Nutrition Programs to accept a written statement requesting a substitution for fluid cow's milk in school meals from a parent or guardian in lieu of a statement from a recognized medical authority. USDA requires that the supporting statement must identify the student's medical or other special dietary need that precludes cow's milk. Reference 7CFR part 210.10(g) and 7CFR Part 220.8(d).