**PARENT REQUEST FOR FLUID MILK SUBSTITUTION**

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing a statement from a recognized medical authority. However, fluid milk substitutions requested are at the option and expense of the facility/center. The non-dairy beverages provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the U.S. Department of Agriculture (USDA) for child nutrition programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

***Please note…a medical statement is required for non-dairy substitutions due to a disability that do not meet the nutritional standards of cow’s milk as described above.***

**To be completed by the childcare center/provider prior to being given to parent:**

Name of childcare center/provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ This childcare provider will provide the following non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ This childcare center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

**To be completed by parent:** Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_ I request that my child is served the non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.

\_\_\_\_\_\_\_ I am aware that the center/provider is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA approved nutrient standards for a milk substitute as stated above.

\_\_\_\_\_\_\_ I will provide a non-dairy beverage for my child that does not meet the USDA approved nutrient standards for the substitution of fluid milk. I understand that the center/provider can not claim the meals that require milk unless there is a doctor’s note.

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Institution is an equal opportunity provider.