## Parent/Guardian Request for Fluid Milk Substitution McDowell School Nutrition Program

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs<sup>1</sup>. Important note: Program operators are not required to provide substitutions and this request may be denied<sup>2</sup>. Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

This institution provides lactose free milk for all students with lactose intolerance or sensitivity. Please inform the School Nutrition Manager at your school of this need.)

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Phosphorus	222 mg
Calcium	276 mg	Potassium	349 mg
Vitamin A	500 IU	Riboflavin	.44 mg
Vitamin D	100 IU	Vitamin B-12	1.1 mcg
Magnesium	24 mg		

<sup>1</sup>Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); <sup>2</sup>Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

To be completed by Parent/Guardian and returned to School Nutrition Office:				
Student's name:				
School:	Grade:			
State the medical or diotary need that restricts the student's diot and rea	uiros a substituto for fluid milk:			
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:				
Milk substitute that is provided by the SFA if only one is offered)				
Lactose Free Milk				
Parent Signature:	Date:			
Please return this form to: Cafeteria Manager, McDowell School Nutrition Program				
Name of School Nutrition Director: Jonathan Haynes				
Address: 2107 Sugar Hill Road Marion, NC 28752				
Phone:828-652-5633 Fax to:828-652-5814				
OFFICE USE ONLY				
Milk substitute provided? Y N	Date:			

This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.