## MILK SUBSTITUTION REQUEST

Student's Name:			Age:	Grade:
	First Name	Last Name		
Student ID:	School Site:			
that a school may sub milk and meets Nut (USDA). At a minim A, and vitamin D t	School District is participal stitute for the fluid milk a not ritional Standards establishum, the Nutritional Standard to levels founds in cow's or other special dietary need	ondairy beverage ned by the Un s shall include t milk for stud	e that is nutrition ited States Depo Portification of ca ents who cannot	nally equivalent to fluid artment of Agriculture lcium, protein, vitamin
Agency) that the scho a medical authority or dietary need which re	School District has not pool is implementing this var by a student's parent or legestricts the student's diet, esteverages the school has ide	iation. The subgal guardian tha xcept that the s	estitution require at identifies the n school shall not	s a written statement by nedical or other special be required to provide
Acceptable substitute	es are as follows:			
Pearl Organic Vanill	a Soymilk, 8.25 oz.			
Expenses incurred in shall be paid by the sc	providing substitutions that hool district.	t are in excess o	of expenses cove	ered by reimbursements
	hange a diet prescription or not an acceptable reason fo			
Date		Signature	e of Medical Autho	ority or Parent/Guardian