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| **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 Programs1. Important note: Program operators are not required to provide substitutions and this request may be denied2. 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:

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| **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 |  |  |

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

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| **To be completed by Parent/Guardian and returned to School Nutrition Office:** | |
| Student’s name: | |
| School: | Grade: |
| 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 | |
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| **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.**

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(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.