

Parent/Guardian Request for Fluid Milk Substitution

Caswell County Schools Child 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.

Caswell County Schools provides the following milk substitutions for students with lactose intolerance or sensitivity:

- Lactose Free / Brand: **Pearl Vanilla Soy Milk**
- Lactose Free / Brand: **Lactaid Low Fat Milk**

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 | | |

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)

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:

Parent Signature:

Date:

Please return this form to: Caswell County Schools Child Nutrition Program

Name of School Nutrition Director:

Kimberly Foster Mims

P. O. Box 160, Yanceyville, NC 27379

Phone (336)694-4116, Fax (336)694-4118

Email to: kmims@caswell.k12.nc.us

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.

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