



IDEA Public Schools CNP Request for Fluid Milk Substitute Form for School Lunch

In accordance with federal Child Nutrition Program requirements, parents or legal guardians may submit a written request for an approved substitute for fluid milk for their child participating in the school lunch program due to food allergies or intolerances, disabilities or other medical or special dietary need. This form may only be used to request a fluid milk substitute at lunch. Approved substitutes include lactose-free cow’s milk and plant-based soy milk.

Instructions:

Parent/Guardian - Complete all required sections of this form. Return the completed form to your campus cafeteria manager.

Student First Name: _____ Student Last Name: _____

Date of Birth: ____ / ____ / _____ School: _____

Grade: _____ Student ID: _____

Parent/Guardian Email Address: _____

Printed Name of Parent/Guardian: _____ Parent/Guardian Phone Number: _____

Substitute Milk Choice

Please select one substitute milk option to be provided during the lunch meal service.

Lactose-Free Milk
For students who can consume cow’s milk but require a lactose-free option.

Soy Milk
A plant-based alternative that meets USDA nutritional requirements for fluid milk.

Medical or Dietary Need Requiring a Fluid Milk Substitution

Signature of Parent/Guardian	Date
_____	_____