

CLOVER GARDEN SCHOOL

Parental Request Form for Fluid Milk Substitution

Student name:

Grade:

Date:

State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:

Parent Signature:

Please return this form to: Nina Miller, Director of Child Nutrition

Clover Garden School

Attn: Director of Child Nutrition

2454 Altamahaw-Union Ridge Road

Burlington, NC 27217

(336) 586-9440, Fax (336) 586-9477

As of October 14, 2008, USDA will allow Child Nutrition Programs to accept a written statement requesting a substitution for fluid cow's milk in school meals from a parent or guardian in lieu of a statement from a recognized medical authority. USDA requires that the supporting statement must identify the student's medical or other special dietary need that precludes cow's milk. Reference 7CFR part 210.10(g) and 7CFR Part 220.8(d).