



Parent/Guardian: Please turn in this form to the **nurse** at your child's school. The nurse will then inform school staff and the Office of Food & Nutrition Services (OFNS) of your child's needs.

Nurse: Fax form to (202) 442-5634 or scan to food.dcps@dc.gov

**** OFNS will not honor dietary accommodations forms with incomplete information ****

FLUID MILK SUBSTITUTION REQUEST FORM

School Year 2015-2016

1. Name of Student	2. Student ID Number (if known)	3. Date of Birth
4. School		5. Grade/Homeroom
6. Name of Parent/Legal Guardian		7. Telephone Number ()
<p>8. The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. DCPS has the discretion to select a specific brand of milk substitute since acceptable products must meet specified USDA nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that do not rise to the level of a disability.</p> <p>This written statement will remain in effect until the end of the school year it is received. The student's parent or legal guardian must sign this form.</p>		
<p>9. Medical or other special dietary need requiring a fluid milk substitution: (NOTE: if student has a dairy intolerance that requires meal substitutions beyond a milk substitution, please complete a Medical Statement to Request Dietary Accommodations form).</p>		
<p>10. <input type="checkbox"/> Check if student participates in afterschool programming where DCPS snack or supper is provided and accommodations are needed.</p>		
11. Signature of Parent/Legal Guardian	12. Printed Name of Parent/Guardian	13. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.