LOS ANGELES UNIFIED SCHOOL DISTRICT FOOD SERVICES DIVISION Parental Request to Substitute Soy Milk for Fluid Milk

FOR MEALS PICKED UP AT SCHOOL SITE - DISTANCE LEARNING

Parent/Guardian may request soy milk for their child as a substitute for cow's milk due to medical or other special dietary need. A healthcare professional's signature is **not** required.

1. Parent/Guardian Instructions:

- A. Complete boxes 1 5 and 14 -20; and read information in box 13.
- B. Scan and email or take a photo and text completed forms to the Nutrition Specialist assigned to the district where meals are picked up from.
- C. If you cannot email or text the form to a Nutrition Specialist, then give to the Food Service Manager at the school closest to your home.
- 2. **Food Service Manager Instructions** (to be completed when received by Nutrition Specialist):
 - A. Complete boxes 6-12.
 - B. Email the Student ID Number of the student to your Nutrition Specialist
 - C. Keep the completed form on file in the school cafeteria office.

PARENT/GUARDIAN REQUEST TO SUBSTITUTE SOY MILK FOR FLUID MILK					
1. Student Last Name	2. Student First Name			;	3. Date of Birth
4. Name of School that Meals Will Be Picked Up From		5. Name of School Your Child Would Normally Attend if Different From #7			
6. Student ID Number (has 10 characters) (Not available for EEC Students)					
7. School Name (Include EEC, if applicable)			8. Location Cod	le	9. District
10. Food Services Manager Name	11. Food Service	Food Services Manager Email @lausd.net			12. Cafeteria Phone No.
 13. Guidelines for using this form: The above listed student does not have a disability but is requesting soy milk as a substitute for liquid milk due to a medical or other special dietary need. This form is not intended to accommodate students who drink soy milk due to taste preferences. Food Services has the discretion to select a specific brand of milk substitute to must meet specified 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. This written statement will remain in effect until the parent or legal guardian cancels such statement or until the school discontinues the fluid milk substitution option. 					
14. Medical or other special dietary need requiring soy milk to substitute for fluid milk:					
15. Print Parent/Guardian Name	16. Parent/Gu	ardian	Signature		17. Date
18. Parent/Guardian Contact Information Home No. ()	19. Cell No.			20. Ema	il Address:

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