LOS ANGELES UNIFIED SCHOOL DISTRICT FOOD SERVICES DIVISION

Parental Request to Substitute Soy Milk for Fluid Milk

- 1. Parents/Guardians may request <u>soy milk</u> for their child as a substitute for fluid cow's milk due to medical or other special dietary need. A medical authority signature is **not** required for this form.
- 2. Complete form below. Give the completed form to the Food Service Manager.
- 3. The Food Service Manager will 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. School Name (Include EEC, if applicable)		5. Location Code	6. District
7. Food Services Manager Name 8. Food Services		nager Email	9. Cafeteria Phone No.
7. 1 ood oct vices manager Hame	8. Food Services Manager Email@lausd.net		()
 10. 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 fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products 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 revokes such statement or until the school discontinues the fluid milk substitution option. School Districts participating in federal nutrition programs are encouraged, but not required to accommodate reasonable requests. The student's parent or legal guardian must sign this form. 11. Medical or other special dietary need requiring soy milk to substitute for fluid milk: 			
12. Parent/Guardian Name		13. Parent/Guardian Signature	
		Q	
14. Parent/Guardian Phone No.	4. Parent/Guardian Phone No. 15. Date		
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<u>Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.</u>

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