





## Parent/Guardian Request for Fluid Milk Substitution

**Cabarrus County School Nutrition Program** 

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs<sup>1</sup>. Important note: Program operators are not required to provide substitutions and this request may be denied<sup>2</sup>. Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

Cabarrus County Schools provides lactose free milk and soy milk for all students with lactose intolerance or sensitivity. *However, students are not required to take milk when selecting a full breakfast or lunch.* 

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to

qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Phosphorus	222 mg
Calcium	276 mg	Potassium	349 mg
Vitamin A	500 IU	Riboflavin	.44 mg
Vitamin D	100 IU	Vitamin B-12	1.1 mcg
Magnesium	24 mg		

<sup>&</sup>lt;sup>1</sup>Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); <sup>2</sup>Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

To be completed by Parent/Guardian and returned to School Nutrition Office:				
Student's name:				
School:	Grade:			
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:				
Please circle the milk substitute requested for your student:				
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Lactaid (Lactose Free Substitute) Kikkoman Pearl (Soy Substitute)				
Parent Signature:	Date:			
Please return this form to: Cabarrus County School Nutrition Program				
Name of School Nutrition Office: Nutritionist				
Address: 111 Union Cemetery Street SW Concord, NC 28027				
phone, fax: 704-784-5136 (office) 704-784-5139 (fax)				
OFFICE USE ONLY				
MUL and affects and date of the M	Data			
Milk substitute provided? Y N	Date:			

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.







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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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