

## Request to Omit Fluid Cow's Milk

Student Name: \_\_\_\_\_ District: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ School Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

To be completed by a recognized medical authority such as a physician, physician's assistant, nurse practitioner OR by a parent/guardian.

The school is not required to provide substitutions for a milk allergy, lactose intolerance, or for any other non-medical reason, and is permitted to do so only when omitted foods and appropriate substitutions are specified by a recognized medical authority or parent/guardian. If diet modifications are implemented by the school, they will continue until either a recognized medical authority or a parent/guardian specifies that they should be changed or stopped. Parents/guardians are encouraged to annually provide updated instructions for diet modifications from a recognized medical authority or a parent/guardian.

Dietary Accommodations: Select one.

- Lactose Intolerance – Please offer student:  
 Lactose-free milk     Milk substitute approved by USDA

OR

- Milk allergy – Instead of fluid cow's milk, please offer student:  
 Milk substitute approved by USDA (Use Form 21-E to list specific omissions and substitutions)

OR

- Religious, ethical or cultural reasons – Instead of fluid cow's milk, please offer student:  
 Milk substitute approved by USDA

### Certification:

I certify that the student named on this form needs the prescribed fluid cow's milk omission and substitution(s) due to his/her milk allergy or lactose intolerance(s).

\_\_\_\_\_  
Medical Authority's Signature                      Phone Number                      Date

OR

I hereby give permission for the school staff to omit fluid cow's milk and make the above identified substitution(s) in my child's school meals.

\_\_\_\_\_  
Parent/Guardian's Signature                      Phone Number                      Date