



## Parental Request Form for Fluid Milk Substitution

<b>Student Name:</b>	<b>Date:</b>
<b>Grade:</b>	
<b>School ID Number:</b>	
<b>State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:</b>	
<b>Parent Name:</b>	
<b>Parent Signature:</b>	
<b>Please return this form to:</b> Chatham County Schools Nutrition Services Program Jennifer P. Ozkurt, MS, RD, LDN Director of School Nutrition Services P.O. Box 128 Pittsboro, NC 27312 Email: <a href="mailto:jozkurt@chatham.k12.nc.us">jozkurt@chatham.k12.nc.us</a> Phone: (919) 542-6600 Fax: (919) 542-1679	

*As of October 14, 2008, the USDA will allow Child Nutrition Programs to accept a written statement requesting a substitution for fluid cow's milk in school meals from a parent or guardian in lieu of a statement from a recognized medical authority. The USDA requires that the supporting statement must identify the student's medical or special dietary needs that precludes cow's milk. Reference 7CFR part 210.10(g) and 7CFR Part 220.8(d).*