

# Shenandoah Valley School District

## Milk Substitution Form

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program - 7 CFR 210.10(m), Child and Adult Care Food Program - 7 CFR 226.20 (g), Summer Food Service Program - 7 CFR 225.16(f)(4). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **This medical form must be completed annually.**

Submit this completed special diet statement to: Theresa Knipe, Cafe Manager

### Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardia Name : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### Fluid Milk Substitution:

The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or special dietary need.

The School Food Authority offers Lactaid as a milk substitute to students with non-disabling or other dietary needs. The milk substitution meets all nutrient requirements required by federal regulations.

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 and agencies participating in federal nutrition programs are encouraged, but not required to accommodate reasonable requests.

Parents or legal guardians are only required to sign for Lactose-reduced or Lactose-free milk substitution without a Physician's or medical authority signature.

Requesting milk substitution:

Signature of Parent/Legal Guardian:

Date: