



6308 lola Ave. Suite 100
Lubbock, TX 79424
806-993-2273

Milk Substitution Form

Please fill out the following form to explain the need for a milk substitution for this child. The form must be signed by a Licensed Health Professional.

Child's Name: _____ DOB: _____

Current milk to be given to child (circle one): Whole Milk 1% Milk

What happens when the child is served this milk (Circle One)?

Lactose Intolerant Allergic Reaction Other: _____

Medicines/Doses needed for this milk:

Epinephrine, intramuscular: _____ Dose: _____

Antihistamine, by mouth: _____ Dose: _____

Milk substitution to serve to child (circle one):

Soy Milk Goat Milk Oat Milk Lactose-Free Milk Almond Milk

Other: _____

Physician Approved Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please fax this form back to 806-993-2272