

East Allen County Schools
HEALTH SERVICES
Milk Substitution

Student's Name: _____ Grade: _____ Date: _____

has a **milk allergy** and will require a milk substitute

has a **milk allergy** also requiring diet (food choices) accommodations NO YES, note accommodations below

is **lactose intolerant** requiring drink substitute

is **lactose intolerant** also requiring diet (food choices) accommodations NO YES, note accommodations below

The USDA and the Indiana Department of Education has determined: "If a school or institution chooses to offer a milk substitute for a child with a medical or special dietary need **other than a disability**, *water or juice can no longer be offered as a fluid milk substitute*. If schools elect to make a substitute for a non-disabled student, the substitute must be nutritionally equivalent to milk even if the written request specifies water or juice."

EACS Food Services Milk Substitutions:

Milk Allergy: Soy Milk

Lactose Intolerant: Parent may provide soy or almond milk. Otherwise, students have access to water in the cafeteria via drinking fountain or water cooler/cups.

Dietary Accommodations: _____

Health Care Provider's Signature: _____ **Date:** _____

Health Care Provider's Name PRINTED: _____

Parent Signature: _____ **Date:** _____

RETURN THE COMPLETED FORM TO THE SCHOOL NURSE.
A COPY OF THIS FORM IS GIVEN TO THE CAFETERIA MANAGER.