# MILK SUBSTITUTION FORM

Does the student have a milk allergy (disability) requiring a milk substitution other than a lactose-free milk substitute nutritionally equivalent to cow's milk? (Check one)

☐ Yes ☐ No

**If Yes: A Qualified Medical Authority*, also must complete Part II of this form.**

**General Information:**

Student's Name:____________________________ DOB:_________ School: ____________________Grade:____

Parent/Guardian Name:

______________________________________________________________________________________

Phone:________________________________ E-mail:__________________________________________

Please explain why your child needs a milk replacement that is lactose-free.

______________________________________________________________________________________

Additional Comments:_______________________________________________________________

**Part II: For Qualified Medical Authority* to Complete (Only complete this if child has a disability, medical need, and/or impairment)**

Student's disability/medical need/impairment (explain):____________________________________________

How does the impairment listed above restrict his/her diet? (explain):_____________________________

Major life activity affected by the student's disability: ____________________________________________

| Omitted Beverage(s) | Allowed Substitution(s) |
|---|---|
| | |
| | |

Additional Comments:

______________________________________________________________________________________

I certify that the above named student needs a milk substitution due to a disability/ medical need/ impairment.

| ____________________________ | ____________________________ | __________________ | __________ |
|---|---|---|---|
| Medical Authority Signature | Medical Authority Printed Name | Office Phone Number | Date |

***A qualified medical authority is a medical professional who has prescriptive privileges in the state of Indiana.**

Parent/Guardian Date:

PLEASE RETURN YOUR COMPLETED FORM TO FOOD SERVICE

This institution is an equal opportunity provider.