

### Medical Statement to Request Milk Substitutions

The City Schools of Decatur School Nutrition Department provides lactose free milk as a milk substitute to students with non-disabling or other special dietary needs when this form is completed by Medical Authority or Parent/Guardian and approved by the school/school district. Water is available for all students daily. This form may only be used for students who's medical or other special dietary need precludes the consumption of cow's milk. A lack of preference for milk does not qualify as a reason for approving this meal adjustment.

<b>Part 1: To be completed by Parent/Guardian</b>			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number		Email Address
<b>Part 2: Complete all sections below.</b>			
Does the child have a non-disabling medical or special dietary need that restricts intake of fluid milk?  <input type="checkbox"/> Yes <input type="checkbox"/> NO			
List medical or special dietary need (e.g., lactose intolerance or for cultural or religious beliefs):  			
List any dietary restrictions or special diet instructions for school meals related to milk. Please do not include allergies that are not milk related. *If you have other allergies please see the school nurse for the proper form.  			
<b>Signature Below</b>			
Signature of State Licensed Healthcare Professional or Parent/Guardian			Date