

Parent/Guardian Request for Fluid Milk Substitution

Durham Public School - School Nutrition Program

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs¹. Important note: Program operators are not required to provide substitutions and this request may be denied². Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

Durham Public Schools provides lactose free milk (Organic Soy Milk) for all students with lactose intolerance or sensitivity. This same fluid milk substitute is provided for any student having a medical need to eliminate cow's milk protein. Please inform the School Nutrition Manager at your school of either of these needs. The School Nutrition Manager will contact the Registered Dietitian and the submitted form will be reviewed. Once a need for the fluid milk substitute is verified, the milk substitute will be obtained and provided.

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Phosphorus	222 mg
Calcium	276 mg	Potassium	349 mg
Vitamin A	500 IU	Riboflavin	.44 mg
Vitamin D	100 IU	Vitamin B-12	1.1 mcg
Magnesium	24 mg		

¹Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); ²Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

To be completed by Parent/Guardian and returned to School Nutrition Office:	
Student's name:	
School:	Grade:
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:	
Name of milk substitute being requested:	
<input type="radio"/> Organic Vanilla Soy Milk <input type="radio"/> Other (not guaranteed) _____	
Parent/Guardian Signature:	Date:
Please return this form to: Durham Public Schools, School Nutrition Services Braedyn Mallard, RD/Nutrition Coordinator Email: Braedyn_mallard@dpsnc.net Address: 1817 Hamlin Rd, Durham, NC Phone: 984.278.2637	
OFFICE USE ONLY	
Milk substitute provided? Y N	Date:

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.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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