|  |
| --- |
| **Parent/Guardian Request for Fluid Milk Substitution**  **Maureen Joy Charter School, School Nutrition Services** |

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.

Maureen Joy Charter School provides lactose free milk (Pearl 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: | |
| Parent Signature: | Date: |
| Please return this form to: Maureen Joy Charter School, School Nutrition Program | |
| Cinawendela Livingston, School Nutrition Manager  Email: clivingston@joycharter.org  Address: 107 S. Driver St, Durham, NC 27703  Phone: 919-908-1610, Fax: 919-402-4263 | |
|  | |
| **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.**

This institution is an equal opportunity provider.