CACFP Parent/Guardian Request for Fluid Milk Substitution

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lon-dairy milk substitution request
your child cannot drink fluid cow's milk due to medical or other special dietary needs but <u>does</u> ot have a diagnosed medical disability, your provider <u>may choose</u> , but is not required, to rovide a non-dairy milk substitute that is nutritionally equivalent to cow's milk, based on your equest. At this time, only two brands of non-dairy milk substitutes available in Washington neet the definition of being nutritionally equivalent to cow's milk: 8 th Continent Soymilk (Original Vanilla) and Pacific Ultra Soy (Plain and Vanilla).
By completing the information below, your child may be served one of these soy milks, provided y the center (if the center chooses), or provided by you.
dentify why your child needs a non-dairy milk substitute:
I request my child be served the center provided soy milk as described above for meals nat require milk.
I will provide one of the soy milks described above for meals served to my child that equire milk.
Providers are required to serve a milk substitution that is nutritionally equivalent to cow's milk if our child has a documented medical disability, diagnosed by a licensed physician, either a M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathy). If your child has been diagnosed with medical disability that prevents the child from consuming cow's milk or one of the soy milks sted above, submit a note from the physician identifying the following: 1) The child's disability
 An explanation of why the disability restricts the child's ability to drink cow's milk or soy milk
 The major life activity affected by the disability and The food item that is to be substituted in place of cow's milk or soy milk
Cow's milk substitution request
Providers may choose, but are not required, to serve lactose free/reduced milk or organic milk or children in their care. If the provider does not serve these milks, the parent may bring the ubstituted milk for their child to consume while in care.
I will provide 1% or non-fat lactose-free/reduced milk to be served in place of the milk erved by the provider. (Whole lactose-free/reduced milk if the child is 12 – 24 months)
I will provide 1% or non-fat organic milk to be served in place of the milk served by the provider. (Whole organic milk if the child is 12 – 24 months)
Signature of Parent/Guardian: Date:
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