Milk Substitute Request
Non-Disabled Participants with Medical or Other Special Dietary Needs
in Child Nutrition Programs

Part I  To be completed by Sponsor or Parent/Guardian

Name of Participant:

Sponsor:  Up Moss Street Children's Center

Site/Provider:  MSCE

Part II  Substitution

List food to be omitted from diet:

Fluid Milk

List food to be substituted:

Soy Milk

Medical or other dietary need for substitution:


×

Name of Parent/Guardian (Print Clearly)

×

Signature of Parent/Guardian

×

Date

USDA and this institution are equal opportunity providers and employers.

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