

Note: This form is also available on the Stonington Schools Nutrition Services website: www.stoningtonschools.org/nutrition Follow the link to Special Nutrition Needs/Substitutions Forms

Stonington School Nutrition

Parental Request form for Fluid Milk Substitution

Student name:	Date:
Grade:	
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:	
Parent Signature:	
Please return this form to: Becky Fowler Director, Stonington School Nutrition 40 Field St. Pawcatuck CT 06379 Phone/Fax: 860-599-0766 Becky.Fowler@stoningtonschools.org	

As of October 14, 2008, USDA will allow Child Nutrition Programs to accept a written statement requesting a substitution for fluid cow's milk in school meals from a parent or guardian in lieu of a statement from a recognized medical authority. USDA requires that the supporting statement must identify the student's medical or other special dietary need that precludes cow's milk. (Reference 7CFR part 210.10(g) and 7CFR Part 220.8(d).