

NORTHERN TIOGA SCHOOL DISTRICT

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Date _____

Dear Parent /Guardian:

You have requested that your child receive a substitute for cow's milk with his/her school lunch.

Federal regulations **no longer allow** the school district to provide juice or water as a fluid milk substitute for cow's milk for a child with medical or special dietary needs other than a disability.

The Federal regulations require the school to have on record a written request from a **medical authority or a parent/ legal guardian**. This request must specify the medical or special dietary needs for the milk substitution. For example: a request may be due to lactose intolerance.

Therefore we need you to **complete the following and return this form to the school nurse**.

Child's name _____

Child's School Building _____

Medical or special dietary need _____

Parent/Guardian
Signature _____

Date _____

Please mark whether your child would consume lactose free milk if available:

_____ **Yes** _____ **No**