



PARENT REQUEST FOR NON-DAIRY MILK SUBSTITUTE

Provider Name: _____

Please Print

Date _____

I am requesting that my child, _____, receive (check one)

8th Continent Original Soymilk

Pacific Brand Ultra Soymilk, plain or vanilla

Walmart Great Value Original Soymilk

Other: _____ (this option must meet milk substitute nutrition standards)

My child has no disability but I would like him/her to receive the non-dairy milk substitute checked above for the reason I have indicated below: (check reason)

Milk intolerance/allergy (Note: These conditions are not considered a disability unless a physician indicates it as such)

Vegan diet

Religious reason

Cultural reason (explain) _____

Ethical reason (explain) _____

I understand my provider is not required to supply the non-dairy milk substitute since the substitution is not being requested due to a disability.

Parent/Legal guardian signature

This form needs to be renewed annually. Note to provider: please send request form to 4-C and keep a copy filed in binder. Should this information change, please submit a written note from the parent indicating the change and effective date.

10/23/2012