



4C: Community Coordinated Child Care

155 North Third Street, Suite 300
DeKalb, Illinois 60115
(815) 758-8149 or (800) 848-8727
Fax: (815) 758-5652
www.four-c.org

PARENT REQUEST FOR NON-DAIRY MILK SUBSTITUTE

Provider Name: _____ Date: _____
Please Print

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

- Pacific Brand Ultra Soymilk, plain or vanilla
- 8th Continent Original Soymilk
- Silk Original Soymilk
- 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 circled 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 keep a copy on file and send a copy to 4-C. Should this information change, please submit a written note from the parent indicating the change and effective date.

