



4-C: Community Coordinated Child Care
PARENT REQUEST FOR NON-DAIRY MILK SUBSTITUTE

Provider Name: _____ Date: _____

I am requesting that my child _____ receive:

- Pacific Brand Ultra Soymilk (plain or vanilla)
- 8th Continent Original Soymilk
- Silk Original Soymilk
- Walmart Great Value Original Soymilk
- Other (must meet milk substitute nutrition standards):

Reason for Request (child does NOT have a disability):

- Milk intolerance/allergy (not considered a disability unless physician-diagnosed)
- Vegan diet
- Religious reason
- Cultural reason: _____
- Ethical reason: _____

Parent/Legal Guardian Signature: _____

This form needs to be renewed annually.

Note to provider: Keep a copy on file and send a copy to 4-C. Any changes require written notice.

Updated: 02/01/2025