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| **Parent/Guardian Request for Fluid Milk Substitution****Henderson Collegiate Charter School Nutrition Program** |

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs1. Important note: Program operators are not required to provide substitutions and this request may be denied2. Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

This institution provides lactose free milk for all students with lactose intolerance or sensitivity. Please inform the School Nutrition Manager at your school of this need.)

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

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| **Nutrient** | **Amount** | **Nutrient** | **Amount** |
| Protein | 8 grams | Phosphorus | 222 mg |
| Calcium | 276 mg | Potassium | 349 mg |
| Vitamin A | 500 IU | Riboflavin | .44 mg |
| Vitamin D | 100 IU | Vitamin B-12 | 1.1 mcg |
| Magnesium | 24 mg |  |  |

1Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); 2Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

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| **To be completed by Parent/Guardian and returned to School Nutrition Office:** |
| Student’s name: |
| School: | Grade: |
| State the medical or dietary need that restricts the student’s diet and requires a substitute for fluid milk: |
| Milk Substitutes: Kikkoman Soy MilkLactaid (Lactose-Free Milk) |
| Parent Signature: | Date: |
| Please return this form to: Henderson Collegiate School Nutrition Program |
| Preston Jackson, School Nutrition Director1071 Old Epsom RoadHenderson, NC 27536Phone: (252) 598-1039 Fax: (252)598-1037 |
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| **OFFICE USE ONLY** |
| **Milk substitute provided? Y N** | **Date:** |

**This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option.**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.