



PARENT/GUARDIAN REQUEST TO SUBSTITUTE SOY MILK FOR FLUID MILK

1. Name of School Food Authority	2. Name of School Site	3. Site Telephone #
4. Name of Student		5. Age or Date of Birth
6. Name of Parent/Legal Guardian		7. Parent/Guardian Phone #
<p>8. The above listed student is requesting soy milk as a substitute for fluid milk that can be accommodated within the menu pattern. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute that meets specified federal and state guidelines. Juice cannot be offered as a fluid milk substitute.</p> <p>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.</p> <p>The student's parent or legal guardian must sign this form.</p>		
9. Name of Parent/Legal Guardian	10. Signature of Parent/Legal Guardian	11. Date

Please note: When necessary, the information on this form should be updated to reflect the current nutritional needs of the student.

This institution is an equal opportunity provider.