Parent Request for a Fluid Milk Substitution

Dickinson Independent School District- Food & Nutrition Services
4003 Video Street Dickinson, Texas 77539 • Tel. 281-229-6012

PLEASE RETURN FORM TO THE SCHOOL CAFETERIA MANAGER

Per federal law and USDA guidelines, parents/legal guardians may submit a written, signed request to substitute fluid cow's milk for their child due to medical or special dietary needs (such as lactose intolerance, cultural preferences, or ethical choices). This form is only for students without a qualifying disability; for milk allergies, the *DISD Medical Request for Special Dietary Accommodations* Form must be filled out and signed by a licensed medical provider.

Student Information

Last Name:_____ First Name:_____ MI:_____
Date of Birth:___/___/_____

School:_____ Grade: _____

Student ID#: _____

Reason for Substitution Request

Please check the box that best describes the reasoning for a fluid milk substitution request:

☐ Medical/Nutritional Need (lactose intolerance, fluid milk sensitivity)

☐ Cultural Preferences

☐ Ethical Choices

☐ Other (please describe):_____

* Please note this form CANNOT be used to request substitutions for food allergies or severe disabilities that restrict the overall diet. If your child has an allergy to all forms of milk (milk as an ingredient, including in baked goods) a life-threatening allergy, or a disability requiring alternate meals, you must use the official *Medical Request for Special Dietary Accommodations* form and have it signed by a licensed healthcare provider with prescriptive authority.*

Parent/ Legal Guardian Signature

By signing below, I request that the school cafeteria provide a fluid milk substitute for my student due to the reasoning indicated above. I understand that:

1. The Dickinson ISD Food and Nutrition Department will make an effort to accommodate student preferences, but the final selection of the brand and type of substitute remains at the discretion of the Food and Nutrition Services Department.

2. This request remains active until I, the parent or legal guardian, provide written notice to remove the alert from my student's account.

3. The purpose of this form is to request a fluid milk substitute only. I understand that filling out this form does not constitute as notification of an allergy, and that the Food and Nutrition Services Department will not be responsible for monitoring food selections for allergens (including cheese/yogurts and foods that contain milk as an ingredient).

_____ _____
Parent/Guardian Signature Date

_____ _____ _____
Parent Name (print) Phone Number Email

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