

*Chatham County Schools Child Nutrition Program*

**Parental Request form for Fluid Milk Substitution**

Student name:	Date:
Grade:	
State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:	
Parent Signature:	
Please return this form to: Chatham County Schools Child Nutrition Program contact information: Robin Brooks, CN Director P.O. Box 128 Pittsboro, NC 27312 Email: rbrooks@chatham.k12.nc.us Phone: (919) 542-6600 Fax: (919) 542-1679	

As of October 14, 2008, USDA will allow Child Nutrition Programs to accept a written statement requesting a substitution for fluid cow's milk in school meals from a parent or guardian in lieu of a statement from a recognized medical authority. USDA requires that the supporting statement must identify the student's medical or other special dietary need that precludes cow's milk. Reference 7CFR part 210.10(g) and 7CFR Part 220.8(d).