

### PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR CHILDREN IN CHILD CARE

<b>1. NAME OF AGENCY</b> COMMUNITY BRIDGES CHILD & ADULT CARE FOOD PROGRAM	<b>2. NAME OF SITE</b>	<b>3. SITE TELEPHONE NUMBER</b>
<b>4. CHILD'S NAME</b>		<b>5. DATE OF BIRTH</b>
<b>6. NAME OF PARENT/LEGAL GUARDIAN</b>		<b>7. TELEPHONE NUMBER</b>  (     )
<p><b>8.</b> The above listed child does not have a disability, but the parent or legal guardian is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate children who drink fluid milk substitutions such as soy milk due to taste preferences. The child care agency has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the child care agency discontinues the fluid milk substitution option. Child care agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.  <b>The child's parent or legal guardian must sign this form.</b></p>		
<b>9. MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION</b>		
<b>10. SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	<b>11. PRINTED NAME OF PARENT/LEGAL GUARDIAN</b>	<b>12. DATE</b>

The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the child.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish).

**Column 4:** Percent RDI (except for protein, the percent RDI is what is listed on the Nutrition Facts Label)

Nutrient	Requirements as Stated in Federal Regulations (Per cup)	RDI	%RDI*
Calcium	276 mg	1000 mg	27.60%
Protein	8 g*	50 g	N/A
Vitamin A	500 IU	5000 IU	10.0%
Vitamin D	100 IU	400 IU	25.0%
Magnesium	24 mg	400 mg	6.0%
Phosphorus	222 mg	1,000 mg	22.2%
Potassium	349 mg	3,500 mg	10.0%
Riboflavin	0.44 mg	1.7 mg	25.90%
Vitamin B-12	1.1 mcg	6 mcg	18.30%

\*An acceptable fluid milk substitution must contain, at a minimum, the amounts in the percentage RDI column.