

Macon County Schools
Child Nutrition Department
Parental Request Form for Fluid Milk Substitution

<p>Student Name: _____</p> <p>Student School: _____</p> <p>Student Grade: _____</p> <p>Date: _____</p>
<p>State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:</p>
<p>Parent Signature: _____</p>
<p>Please return form promptly to Child Nutrition Manager or School Nurse so that it may be placed on record for your child.</p>

<p>FOR SCHOOL USE ONLY</p> <p>Form received by: _____ Date: _____</p> <p>Initial or Check below when completed:</p> <p>Copy sent to: School Nurse: _____ Child Nutrition Manager: _____</p> <p>VIP/More@4: _____ Teacher: _____ CN Director: _____</p>

“In accordance with Federal law and U.S. Department of Agriculture 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 Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382(TTY). USDA is an equal opportunity provider and employer.”