



**Milk Substitution Request Form
For Students with Allergies
2018-2019 School Year
Winton Woods City Schools
Food Service Department**



*Please complete the form below—select the left side and/or the right side
~Please return to your child’s school nurse. ~*

**COMPLETE THIS SECTION FOR
NON- LIFE THREATENING MILK ALLERGIES**

Student Name _____

Grade _____ Room _____

School Building _____

Winton Woods City Schools will offer the following milk substitution for students with non-life threatening milk allergies. Please check if you would like us to serve your child in place of the regular milk at lunch.

DAIRY STAR Lactose Free Milk _____

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date Signed _____

Parent Phone _____

Date to begin substitution _____

Date to discontinue substitution _____

Winton Woods City Schools Child Nutrition Department can only provide the Dairy Star “lactose free” product.

In the case that your student does not like the Dairy Star option there will still be water and juice available for purchase.

**COMPLETE THIS SECTION FOR
LIFE-THREATENING MILK ALLERGIES**

Student Name _____

Grade _____ Room _____

School Building _____

Please have the child’s physician complete this section:

This student has a life-threatening allergy to _____
and cannot consume regular milk with meals.

Please provide the following as a replacement for milk: _____

Physician’s Name (Print) _____

Physician’s Signature _____

Physician’s Phone Number _____

Date to Begin Substitution _____

Date to Discontinue _____

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Phone Number _____