



**Milk Substitution Request Form  
For Students with Allergies  
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 \_\_\_\_\_