



**Milk Allergy 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 bottled water as a milk substitution for students with non-life threatening milk allergies.

Can student have cheese? Y N

Can student have foods that contain milk as an ingredient? Y N

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 bottled water. Students are welcome to bring their own drink from home.

In the case that your student does not want a bottled water option there will still be 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.

Can student have cheese? Y N

Can student have foods that contain milk as an ingredient? Y N

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 _____