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 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______________________________________

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