

LOS ANGELES UNIFIED SCHOOL DISTRICT
Parental Request to Substitute Soy Milk for Fluid Milk

Parent/Guardian may request soy milk for their child as a substitute for cow's milk due to medical or other special dietary need. A healthcare professional's signature is **not required**.

1. **Parent/Guardian Instructions:** *(Instrucciones para padres/tutores)*
 - A. Complete boxes 1 - 7; and read information in box 8. *(Complete recuadros 1-7)*
 - B. Give completed form to the Food Service Manager. *(Entregue la forma completa a la cafetería)*
2. **Food Service Manager Instructions:**
 - A. Complete boxes 9-15.
 - B. Scan and email completed form to specialdiet@lausd.net.
 - C. Keep the completed form on file in the cafeteria office.

PARENT/GUARDIAN REQUEST TO SUBSTITUTE SOY MILK FOR FLUID MILK			
1. Student Last Name <i>(Apellido de estudiante)</i>	2. Student First Name <i>(Nombre del estudiante)</i>	3. Birthday <i>(Fecha de nacimiento)</i>	
4. Medical or other special dietary need requiring soy milk to substitute for milk: <i>(Necesidad médica o dietética especial que requiera que la leche de soja sustituya a la leche)</i>			
5. Parent/Guardian Signature <i>(Escriba en letra de molde el nombre de los padres/tutores)</i>	6. Date <i>(Fecha)</i>	7. Parent/Guardian Phone Number <i>(Número de teléfono del los padres/tutores):</i> (_____) _____ - _____	
8. Guidelines for using this form: <ul style="list-style-type: none"> The above listed student does not have a disability but is requesting soy milk as a substitute for liquid milk due to a medical or other special dietary need. This form is not intended to accommodate students who drink soy milk due to taste preferences. Food Services has the discretion to select a specific brand of milk substitute to must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that do not rise to the level of a disability. This written statement remains in effect until the parent or legal guardian cancels such statement or until the school discontinues the fluid milk substitution option. 			
9. Student ID Number (has 10 characters) <i>(Not available for EEC Students)</i> _____			
10. School Name <i>(Include EEC, if applicable)</i>	11. Loc. Code	12. Region: Circle N S E W	13. Cafeteria Phone No. ()
14. Food Service Manager Name	15. Food Services Manager Email _____@lausd.net		

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