

NAME OF CHILD CARE FACILITY Becky Gates Children's Center	TELEPHONE NUMBER (979) 458-5437
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REQUEST FOR NON-DAIRY MILK SUBSTITUTION

Parents/guardians may request that a non-dairy fluid milk substitute is served to their child with a medical or special dietary need.

Fruit juice and water cannot be offered as a non-dairy milk substitute for children with medical or special dietary needs that do not rise to the level of a disability. A medical statement is required to be submitted.

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Vitamin D	100 IU	Potassium	349 mg
Calcium	276 mg	Magnesium	24 mg	Riboflavin	.44 mg
Vitamin A	500 IU	Phosphorus	222 mg	Vitamin B-12	1.1 mcg

PART 1 – FACILITY ADMINISTRATOR – COMPLETE THIS SECTION PRIOR TO DISTRIBUTION OF THIS FORM:

<input type="checkbox"/> This child care facility will provide the following non-dairy milk substitute which meets the USDA approved nutrient standards for a milk substitute: (list name brand of substitution you will provide) BRAND NAME OF MILK SUBSTITUTION: _____
<input type="checkbox"/> This child care facility has chosen not to provide a non-dairy milk substitute for cow's milk.

PART 2 – PARENT/GUARDIAN – COMPLETE THIS SECTION AND RETURN TO THE FACILITY ADMINISTRATOR;

Child's Full Name: _____	Date of Birth: _____
State the medical or special dietary need that restricts your child's diet and requires a substitute for cow's milk:	
PLEASE PRINT: _____	
CHOOSE ONE STATEMENT LISTED BELOW:	
<p>N/A I request that my child is served the non-dairy milk substitute provided by the facility and listed above.</p> <p><input type="checkbox"/> I will provide an approved non-dairy milk substitute that meets the USDA approved nutrient standards. BRAND NAME OF MILK SUBSTITUTION: _____</p> <p><input type="checkbox"/> I will provide a non-dairy milk substitute that does not meet the USDA approved nutrient standards BRAND NAME OF MILK SUBSTITUTION: _____</p> <p><input type="checkbox"/> I understand that the following non-dairy milk substitutes require that I also submit a <i>Medical Statement to Request Special Meals and/or Accommodations in the Child and Adult Care Food Program (CACFP)</i>: almond milk, coconut milk, rice milk, pea milk, flax milk, oat milk, hemp milk, hazelnut milk, sunflower milk, whole grain milk and other milks that do not contain the above required nutrients.</p> <p>This statement will remain in effect until the parent or legal guardian revokes such statement in writing.</p>	
Signature of Parent/Guardian: _____	Print Full Name: _____
Date Signed: _____	
FOR FACILITY/CHILD CARE CENTER ADMINISTRATOR TO COMPLETE:	
Signature of Center Administrator: _____	Print Full Name: _____
Date Signed: _____	