

Peace Lutheran School

Non-Dairy Milk Substitute Request (Disability-Related)

This form is used to request a non-dairy milk substitute **only when a disability affects a student's diet**, in accordance with the school's Non-Dairy Milk Substitution Policy and USDA/ADA requirements.

Student Information

- Student Name: _____
- Grade/Classroom: _____
- Date of Birth: _____

Parent/Guardian Information

- Name: _____
- Phone: _____ Email: _____

Request Reason (Required) My child has a **disability** that restricts consumption of cow's milk.

Description of Disability and Dietary Restriction (Briefly describe the disability and how it affects your child's diet.)

Milk Substitute Needed Non-dairy milk substitute is required.

Acknowledgment

- I understand that non-dairy milk substitutions are provided **only for disability-related needs** and that documentation may be requested annually or when needs change.

Signature

- Parent/Guardian Signature: _____ Date: _____
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School Use Only

- Date Received: _____ Approved By: _____
- Start Date: _____ Notes: _____