



Request for Fluid Milk Substitution – Child Care

Child's Name _____

Daycare Provider Name _____

Non-dairy milk substitution request:

If your child cannot drink cow's milk due to medical or other special dietary needs but does not have a diagnosed medical disability, your provider may choose, but is not required, to provide a non-dairy milk substitute that is nutritionally equivalent to cow's milk, based on your request. At this time, only four brands of non-dairy milk substitutes available in Washington meet the definition of being nutritionally equivalent to cow's milk: 8th Continent Soymilk (Original and Vanilla), Pacific Ultra Soy (Original and Vanilla), Great Value Original Soymilk and Kirkland Organic Soymilk (Plain).

By completing the information below, your child may be served one of these soy milks, provided by the child care facility (if the child care facility chooses), or provided by you.

Identify why your child needs a non-dairy milk substitute: _____

_____ I request my child be served the child care facility provided soy milk as described above for meals that require milk.

_____ I will provide one of the soy milks described above for meals served to my child that require milk.

Providers are required to serve a milk substitution that is nutritionally equivalent to cow's milk if your child has a documented medical disability, diagnosed by a licensed physician, either a M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathy). If your child has been diagnosed with a medical disability that prevents the child from consuming cow's milk or one of the approved soy milks listed above, submit a note from the physician identifying the following:

- 1) The child's disability
- 2) The major life activities/bodily functions affected by the disability
- 3) A description of how the disability restricts the child from drinking cow's milk and approved brands of soymilk
- 4) The prescribed food substitute

Cow's milk substitution request:

Providers may choose, but are not required, to serve lactose-reduced or lactose-free milk or organic milk to children in their care. If the provider does not serve these milks, the parent may bring the substituted milk for their child to consume while in care.

_____ I will provide 1% or nonfat lactose-reduced or lactose-free milk to be served in place of the milk served by the provider. (Whole lactose-reduced or lactose-free milk if the child is 12 to 24 months)

_____ I will provide 1% or nonfat organic milk to be served in place of the milk served by the provider. (Whole organic milk if the child is 12 to 24 months)

Signature of Parent/Guardian: _____ Date: _____