

# Parent/Guardian Request for Fluid Milk Substitution

## RISE Southeast Raleigh Charter School Nutrition Program

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs<sup>1</sup>. Important note: Program operators are not required to provide substitutions and this request may be denied<sup>2</sup>. Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

This institution provides lactose free milk for all students with lactose intolerance or sensitivity. Please inform the School Nutrition Manager ([wwilder@risese.org](mailto:wwilder@risese.org)) at your school of this need.

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

<sup>1</sup>Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); <sup>2</sup>Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

**To be completed by Parent/Guardian and returned to School Nutrition Office:**

**Student's name:**

School: RISE Southeast Raleigh Charter School

**Grade:**

**State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:**

Name of milk substitute being requested or name of milk substitute that is provided by the SFA if only one is:  
**RISE Southeast Raleigh Charter school uses Lactaid as the milk substitution choice.**

**Parent Signature:**

**Date:**

Please return this form to: RISE Southeast Raleigh Charter School Nutrition Program  
 Name of School Nutrition Director: Ryan Brock  
 School Nutrition Manager: Wayne Wilder  
 Address: 3420 Idlewood Village Drive Raleigh NC 27610  
 (office)919-446-4777 (fax) 919-800-3054 (email) [wwilder@risese.org](mailto:wwilder@risese.org)

**OFFICE USE ONLY**

**Milk substitute provided?      Y      N**

**Date:**

**This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option.**