



### Milk Substitution & Philosophical Dietary Accommodations Form

Please submit this form by email ([dietary.forms@k12.dc.gov](mailto:dietary.forms@k12.dc.gov)) or turn it in to the cafeteria manager. A new form must be submitted each time a dietary change is requested. This form is not intended to accommodate student taste preferences nor deviate from the USDA Child Nutrition Program meal pattern.\*

**Note: FNS does not offer any pork or pork products at any DCPS school.**

This form **does not require** a Medical Practitioner's signature.

#### Section A- Must be completed by the Parent/Guardian

Name of Student \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Student ID \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Does your student typically eat school provided meals?  Yes  No

If yes, which meals provided by FNS will your child eat?

Breakfast  Lunch  Afterschool

In addition, which days will your child most likely eat with FNS?

Monday  Tuesday  Wednesday  Thursday  Friday

#### Section B- Must be completed by the Parent/Guardian

Does your student have a medical dietary need?  Yes  No

If Yes, please complete the **Medical Dietary Accommodation Form**. If No, please complete this form.

Do you have any food preferences related to religious/philosophical beliefs?

Yes  No

If yes, does your student require a vegetarian or vegan meal?

Vegetarian, Dairy and Egg Products allowed  Vegan (No Animal Products)

Vegetarian, No Egg Products

Vegetarian, No Dairy Products

If you have other preferences, please explain:

Will this student require a milk substitution?

Yes  No

If yes, please indicate:  Lactose Free Milk or  Soy Milk

(note: Lactose Free and Soy Milk is the only milk alternative that FNS can accommodate)

**I certify that the above-named student needs special school food as described above.**

Parent/Guardian Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_ Best time of day to contact you: \_\_\_\_\_

**If received by School Staff, please scan and email to: [Dietary.Forms@k12.dc.gov](mailto:Dietary.Forms@k12.dc.gov)**

**For district staff only:** Dietitian Name: \_\_\_\_\_

Contact date: \_\_\_\_\_

\*Meat/meat alternate, Milk (or approved substitute), Whole Grain, Fruit, and Vegetable

The information in this form may be shared with pertinent DC Public Schools and foodservice management vendor staff to properly accommodate your student unless you specify otherwise in writing.