



Milk Substitution & Philosophical Dietary Accommodations Form

Please submit this form by email 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 _____

If your child eats any meals with DCPS, which meals do they eat? *FNS will only provide meal accommodations for the meal periods that you indicate accommodations are needed.*

- Breakfast Lunch Snack or Supper

Section B- Must be completed by the Parent/Guardian

Does your student have a medical dietary need? **Yes** **No**

If Yes, you must 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 food preferences related to religious/philosophical beliefs, 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: _____

This form should be submitted to: 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.