



## Milk Substitution & Philosophical Dietary Accommodations Form

School Year 2020-2021

If your student requires a milk substitution related to lactose intolerance or requires a special meal related to religious/philosophical food preferences, this form must be completed and emailed to DCPS Food and Nutrition Services (FNS) at: [dietary.forms@k12.dc.gov](mailto:dietary.forms@k12.dc.gov). This form is not intended to accommodate student taste preferences.

**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 ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ 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  Vegan

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@dc.gov](mailto:Dietary.Forms@dc.gov)**

**For district staff only:**

Dietitian Name: \_\_\_\_\_

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