## School District of Slinger Food and Nutrition Department

262-644-6204 ext 2 207 Polk Street – Slinger, WI 53086

Milk substitution per dietary needs of students for the 2018-19 School Year

Dear Parent/ Guardian:

As of the 2018-19 school year, all students with medically documented dietary milk concerns may choose to receive a white milk substitution with their school lunch and breakfast. The Federal School Lunch and Breakfast Program guidelines dictate that any milk substitutes must be nutritionally equivalent to cow's milk. Juice or water is no longer allowed as a milk substitute. Our Food & Nutrition program will provide either lactose free milk or soy milk as a substitute. However, your student does have the option to decline the milk substitute option.

In order for our Lunch & Breakfast Programs to accommodate a substitution, we must have a medically documented statement on file from a physician informing us of the type of allergy or intolerance your child has been diagnosed with.

Please complete and return the form below, indicating whether your child will be taking the substitute milk option or declining it.

This milk is included under the Free & Reduced Lunch program with a student's full hot lunch. Substitute milk will be also available for documented students who bring a cold lunch from home for 35 cents.

If you have any questions, please feel free to call me at 644-6204 ext 5128.

Cindy Fassbender Food & Nutrition Director School District of Slinger Email: <u>c.fassbender@slingerschools.org</u>

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

<u>YES, I DO</u> want my child to receive milk substitution <u>AND</u> I have provided the Slinger School District with a physician's statement regarding my child's allergy or intolerance.

I would like Slinger Food & Nutrition Dept. to provide:

\_\_\_\_ Soy Milk OR \_\_\_\_Lactose Free milk

<u>NO, I DO NOT</u> want my child to receive milk substitution – I will provide a beverage for my child to have at school lunch and/or breakfast.

Signature of Parent/Guardian: \_\_\_\_\_

Please return this form to Slinger Food & Nutrition Dept. 207 Polk St. Slinger WI 53086