

ATTACHMENT C
The School District of Lee County
Health Services

MILK RESTRICTION NOTE

As of September 2012, the USDA has determined . . . A Parent/Guardian or Doctor can write a note stating that their student needs a milk substitution and we are now able to use this note as a valid form of notification to provide a **MILK SUBSTITUTION**. Under the NSLP Juices and Water are not valid substitutions.

In regards to _____
Student Name

Please indicate which milk products this student is **NOT** to have:

- Chocolate Milk
 Any Milk
 Any milk products (including cheese, ice cream, yogurt, etc.)

This milk restriction is:

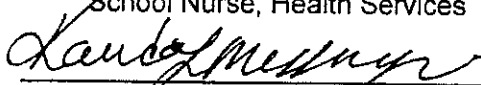
- Permanent
 temporary, until _____
(give length of time)

Please indicate the reason a substitution is necessary:

Please indicate what we should substitute:

- Lactaid Milk Rice Milk Almond Milk
 Soy Milk

Thank you for your help. We are not able to make this substitution without this information.

School Nurse, Health Services


Kandace Messenger, Director

Physician/ Guardian (Please Print)

Physician / Guardian Signature

Date

