

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:

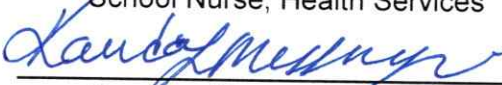
- _____ Permanent
_____ temporary, until _____
(give length of time)

Please indicate the reason a substitution is necessary:

Please indicate what we should substitute:

- _____ Lactaid Milk _____ Rice Milk _____ Almond Milk
_____ Soy Milk _____ Other (please specify) _____

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