

Letter to Parent Guardian Explaining Requirements to Omit Fluid Cow's Milk

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Dorchester School District Two
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Dear Parent/Guardian:

You have indicated that your student has a special dietary need due to a medical, religious, ethical, cultural or ethnic reason that requires the omission of fluid cow's milk. Federal regulations require the school to receive written instructions from the parent/guardian or an appropriate medical authority before the school can omit fluid cow's milk from your student's meals. The parent/guardian **or** a recognized medical authority must complete the following form to document your student's current special dietary needs: [Request to Omit Fluid Cow's Milk](#).

The only milk substitutions allowed are:

- lactose-free milk or
- a non-dairy beverage that is nutritionally equivalent to fluid milk and provides specific levels of nutrients as determined by the U.S. Department of Agriculture (USDA).

Please note that if the student has a disability that affects his/her diet, a licensed physician must complete form 19-F, Medical Statement for Students Requiring Special Meals Due to a Disability. The appropriate medical statement should be dated no earlier than July 1 of the current school year. To ensure your student's special dietary needs are met on the first day of school, return the completed medical statement by August 11th to shennie.quintanilla@sodexo.com.

If you have questions or need assistance, please call me at 843-695-4920 ext 60814.

Sincerely,

Shennie Quintanilla, MS, RD, LDN
Registered Dietitian, Sodexo School Food and Nutrition Services

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

October 2014 South Carolina School Food Service Program Reference Manual Form 21-B

Request to Omit Fluid Cow's Milk

Student Name: _____ District: _____
Birth Date: _____ School: _____
Parent Name: _____ School Contact: _____
Address: _____ School Address: _____
Phone: _____ School Phone: _____

To be completed by a recognized medical authority such as a physician, physician's assistant, nurse practitioner OR by a parent/guardian.

The school is not required to provide substitutions for a milk allergy, lactose intolerance, or for any other non-medical reason, and is permitted to do so **only** when omitted foods and appropriate substitutions are specified by a recognized medical authority or parent/guardian. If diet modifications are implemented by the school, they will continue until either a recognized medical authority or a parent/guardian specifies that they should be changed or stopped. Parents/guardians are encouraged to annually provide updated instructions for diet modifications from a recognized medical authority or a parent/guardian.

Dietary Accommodations: Select one.

Lactose Intolerance – Please offer student:

Lactose-free milk Milk substitute approved by USDA

OR

Milk allergy – Instead of fluid cow's milk, please offer student:

Milk substitute approved by USDA (Use Form 21-E to list specific omissions and substitutions)

OR

Religious, ethical or cultural reasons – Instead of fluid cow's milk, please offer student:

Milk substitute approved by USDA

Certification:

I certify that the student named on this form needs the prescribed fluid cow's milk omission and substitution(s) due to his/her milk allergy or lactose intolerance(s).

Medical Authority's Signature Phone Number Date

OR

I hereby give permission for the school staff to omit fluid cow's milk and make the above identified substitution(s) in my child's school meals.

Parent/Guardian's Signature Phone Number Date

This institution is an equal opportunity provider.

Discontinuation of Fluid Cow's Milk Omission

Name of Student: _____

School: _____

I certify that the student named above no longer needs the omission of fluid cow's milk from school meals effective on the following date: _____.

Parent/Guardian's Signature

Date

Street Address

Phone Number

City, State, Zip

OR

Printed Name of Medical Authority: _____

Recognized Medical Authority's Signature

Date

Street Address

Phone Number

City, State, Zip

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October 2014 South Carolina School Food Service Program Reference Manual Form 21-I