



Tolland Public Schools Food & Nutrition Services

Date: 2017-2018 School Year
To: Parent/Guardians
From: Abby Kassman-Harned, Food Service Director
Subject: Milk Substitutions

Schools participating in the U.S. Department of Agriculture (USDA) school nutrition programs must follow the federal requirements for milk substitutions for nondisabled children. These requirements apply to accommodations for children *without disabilities* who cannot drink milk, i.e., children who do *not* have a life-threatening food allergy to milk. It does *not* apply to any other substitutions of food or beverages for nondisabled children.

Lactaid Milk is offered in Tolland Schools as a substitution for those children that may not drink regular milk. If this choice is appropriate for your child, and you would like them to have Lactaid Milk with their school lunch, we will need a signed statement from you or a medical authority. There is a simple form below, or you may use a medical statement available at the following website <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730> Please sign and return the statement to the school cafeteria or the school nurse.

If this option is not appropriate for your child, i.e., children who have a life-threatening food allergy to milk, there is a specific form that must be filled out by a licensed physician. It is available in the nurse's office, at the website above, or through the Food Service Director. It is the "Medical Statement for Children with Disabilities".

Thank you for your cooperation. If you have any questions please feel free to contact me.

MILK SUBSTITUTION STATEMENT

Please Print.

Child's Name: _____ Birth Date: _____

School: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

I would like my child to have Lactaid Milk instead of regular Milk with his/her School Lunch due to the following specific dietary need. _____

Signature: _____ Date: _____