



## SMYRNA SCHOOL DISTRICT

82 Monrovia Avenue, Smyrna, Delaware 19977

Telephone (302) 653-8585

Fax (302) 659-6290

Parents/guardians may request, in writing, a fluid milk substitution for their student with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs. The milk alternative will be high in protein, calcium, and other vitamins and minerals just like regular milk. It is the goal of the Child Nutrition Department to promote student health by providing nutrient rich choices for students unable to have milk.

Fruit Juice, Water, Oat Milk, and Almond Milk do not qualify as milk substitutes. As these options do not meet the USDA nutrient standards for a milk substitute. Currently, for those that are lactose intolerant the only qualifying milk alternative is lactose-free milk and for those who are allergic to milk products the alternative is soymilk.

Student's Name (Print): \_\_\_\_\_

Student's ID # \_\_\_\_\_

☐ My student is lactose intolerant\*

☐ I DO want my student to be given the milk alternative (lactose-free milk)

☐ I DO NOT want my student to be given the milk alternative (lactose-free milk)

\*If lactose intolerant, mark if student CAN eat:

☐ Cheese

☐ Yogurt

☐ Ice Cream

☐ My student is allergic to milk products

☐ I DO want my student to be given the milk alternative (soy milk)

☐ I DO NOT want my student to be given the milk alternative (soy milk)

Cultural/Religious dietary preferences to be aware of for student:

☐ No Pork

☐ Other: \_\_\_\_\_

Please sign and date the letter and return it to the school cafeteria, school nurse, or Child Nutrition office.

Parent Signature: \_\_\_\_\_

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

Thank you for your cooperation and if you have any questions please call Jazmin McKenzie in the Child Nutrition Department (302) 653-3134.

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Inquiries should be directed to the District Superintendent.



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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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Padres/xxx pueden solicitar, por escrito, una sustitución de leche líquida para su estudiante con una necesidad médica o dietética especialmente sin proporcionar una declaración de una autoridad médica. El sustituto de leche solicitado debe ser nutricionalmente equivalente a la leche líquida y cumplir con los estándares nutricionales establecidos por el Departamento de Agricultura de los Estados Unidos (USDA) para Programas de Nutrición Infantil. La alternativa a la leche debe tener un alto contenido de proteínas, calcio y otras vitaminas y minerales, al igual que la leche normal. El objetivo del Departamento de Nutrición Infantil es promover la salud de los estudiantes proporcionando opciones ricas en nutrientes para los estudiantes que no pueden tomar leche.

El jugo de frutas, el agua, la leche de avena y la leche de almendras no califican como sustitutos de leche. Estas opciones no cumplen con los estándares de nutrientes del USDA para un sustituto de leche. Actualmente, para quienes son intolerantes a la lactosa, la única alternativa láctea calificada es la leche sin lactosa y para quienes son alérgicos a los productos lácteos, la alternativa es la leche de soya.

Nombre del estudiante ( ): \_\_\_\_\_

# de identificación del estudiante: \_\_\_\_\_

☐ Mi hijo tiene una intolerancia a la lactosa\*

☐ Si quiero que mi hijo reciba una alternativa a la leche (leche sin lactosa)

☐ No quiero que mi estudiante reciba una alternativa a la leche (leche sin lactosa)

\*Intolerancia de lactosa, selecciona si su estudiante puede comer:

☐ Queso

☐ Yogurt

☐ Mi estudiante tiene una alergia a los productos que contienen leche

☐ Si quiero que mi estudiante reciba una alternativa a la leche (leche de soya)

☐ No deseo que mi estudiante reciba una alternativa a la leche (leche de soya)

Por favor, firme y feche la carta y devuélvala a la cafetería de la escuela, la enfermera, o la oficina de Nutrición Infantil. Please sign and date the letter and return it to the school cafeteria, school nurse, or Child Nutrition office.

Firma del padre: \_\_\_\_\_

Fecha: \_\_\_\_\_

Gracias por su cooperación y si tiene alguna pregunta, llame a Crystal Cahall en el Departamento de Nutrición Infantil (302) 653-3134.