



# Education at its best.

MONTELLO SCHOOL DISTRICT

## SCHOOL DISTRICT OF MONTELLO PRESCRIPTION CONSENT FOR MILK ALTERNATIVE

*Please complete both sections.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Primary Teacher(If Elementary): \_\_\_\_\_

*\*Please be aware that a new note from their primary care doctor or this form will need to be completed on an annual basis if your child receives a milk alternative at school.*

**FOR COMPLETION BY PHYSICIAN or HEALTH CARE PROVIDER**

Breakfast Alternative is: (Please choose one)

Soy Milk       Lactase (Lactaid free)       Almond Milk       Other: \_\_\_\_\_

Snack Break Alternative: (Please choose one)

Soy Milk       Lactase (Lactaid free)       Almond Milk       Other: \_\_\_\_\_

Lunch Alternative is: (Please choose one)

Soy Milk       Lactase (Lactaid free)       Almond Milk       Other: \_\_\_\_\_

Physician/Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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