



Education at its best.

MONTELLO SCHOOL DISTRICT

SCHOOL DISTRICT OF MONTELLO MILK ALTERNATIVE REQUEST

**Please be aware that this form will need to be completed on a yearly basis if your child needs to receive a milk alternative at school. This form is to be completed for a milk alternative request only. If your child has other food allergies, significant intolerances, or needs more in depth meal modifications, please complete the "Wisconsin Department of Public Instruction Meal Modification" form.*

Student Name: _____ Date of Birth: _____

Grade: _____ Primary Teacher(If Elementary): _____

Milk Alternative to be Given:

Soy Milk Lactose-free Milk Almond Milk Other: _____

Reasoning for Milk Alternative Request: _____

Physician/Provider Name: _____ Signature: _____

Date: _____ Clinic Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date: _____

(Additionally, my child does or does not participate in our afterschool GP3 program.)