

MILK SUBSTITUTION FORM - 09/10 SCHOOL YEAR

We understand that your child might have a problem with dairy products and need to have a substitute beverage at lunch (Juice box). Please print out this form, fill in the bottom section and return it to any of our cafeterias along with a note from your doctor stating the need. Forms will be kept on file for the current school year only. If you prefer to mail the information please use the following address. Thank-you

BEXLEY FOOD SERVICE
348 S. CASSINGHAM RD.
BEXLEY, OHIO 43209

MY CHILD REQUIRES A SUBSTITUTION FOR FLUID MILK DUE TO A MEDICAL / SPECIAL DIETARY NEED.

DATE _____

STUDENT NAME _____

PARENT/ LEGAL GUARDIAN _____