# PARENT SUPPLIED SPECIAL MILK

Center Name: _____ Month: _____

| Item donated | Quantity | Date donated | Child's name | Donated by: Parent Initials | Received by : Center Initials | Dr Statement on file? |
|---|---|---|---|---|---|---|
| *Example: Soy Milk* | *1/2 gal* | *1/1/2018* | *Jimmy Smith* | | | |
| *Example: Lactaid Milk* | *1 gal* | *2/1/2018* | *Timmy Jones* | | | |
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***IMPORTANT NOTES***

**Eligible Milk does NOT need a doctor's statement. The following are ELIGIBLE:**
**All cow's milk, even Lactaid (1 yr olds require whole & 2 yrs and up require 1%)**
**Only 2 soy milks are eligible: Kirkland Signature Organic 32 0z & Walmart Great Value 1/2 gal have equivalent nutrients.**

**Any OTHER milk product must be directed by a doctor's statement on file at the center and at Nutriservice.**
**The doctor statement must include WHAT to offer instead of cow's milk. Example: juice? Coconut milk?**
**Water? Almond Milk? Etc…**
**(OR) if a doctor wants a child 2 yrs or older to receive whole or 2%, a statement is needed.**

I certify that I have read and understand the above rules on milk.
I certify, to the best of my knowledge, that the above statements recorded by parents and myself are true and correct.

x _____Director _____Date