

ALTERNATIVE MILK PERMISSION REQUEST

In accordance with *Rule 5101:2-13-22 Appendix C of the Ohio Administrative Code*: the licensed family childcare provider is to ensure that children are served fluid milk unless the parent provides written instructions by a licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP).

Please see the below list of age-appropriate fluid milk sections that meet ODJFS requirements.

AGE	FLUID MILK REQUIREMENT	
Infants up to twelve months of age	• Formula	
	• Breast milk	
Infants and toddlers twelve months	Unflavored whole homogenized vitamin D fortified	
of age up to twenty-four months of	cow's milk	
age	 Breast milk at parent's request, without written 	
	instructions from a licensed physician, PA, APRN, or	
	CNP	
	 Non-cow milk substitutions that are nutritionally 	
	equivalent to milk, with written parental consent	
Toddlers and children twenty-four • Unflavored one per cent milk that is vitamin		
months of age and older	D fortified	
	Unflavored fat free or skim milk that is vitamin A	
	and D fortified	
	 Non-cow milk substitutions that are nutritionally 	
	equivalent to milk, with written parental consent	

The following permission must be signed accompanied by the written instructions stated above. Also, you are required to bring a commercially packaged single serving for each meal your child is in attendance for.

Each individual serving MUST be labeled with your child's first and last name.

Please list milk alternati	ve you will be providing:	
Please explain reason fo	or alternate milk:	
PARENT NAME	PARENT SIGNITURE	DATE

Note: The licensed family childcare provider is not to use reconstituted dry powdered milk as a beverage unless the parent provides written instructions by a licensed physician, PA, APRN, or CNP.