



Alternative Milk Form

School Name: _____

School District: _____

School Building Code: _____

School Food Code: _____

Student Name: _____

Alternative Milk Choice: Lactose-Free Milk Soy Milk

Attached Medical Note: Yes No

A medical note is required for approval to order alternative milk.

Email your completed form along with a scanned medical note to altermilk@NYCDOE.onmicrosoft.com.