Bright Haven Children's Learning Center

Dairy Avoidance Form

Child Name: _____ has shown a sensitivity/intolerance for dairy.

Dairy should be avoided in the following forms.....

__ Liquid Milk **ONLY** and/or (please circle):

Baked Dairy: Muffins Coffee Cake Banana Bread Carrot Bread Cornbread Goldfish Crackers

Corn Dogs Vanilla Wafers Chocolate Cereal Chicken Pot Pie

Grilled Dairy: Pancakes

Uncooked or Warmed Dairy: Yogurt Ranch Dressing Chocolate pudding Vanilla pudding Cheese Sauce

Cheese Tortellini w/ Parmesan Pizza Chicken Salad (Mayo) Shredded Cheese Nutella (Hazelnut spread)

Sliced American Cheese String Cheese Chocolate Chips Cream Cheese Alfredo

Other (please list): _____

I understand that as _____'s parent/guardian, a sippy cup labeled with your child's name on **both** the cup and the lid containing one meal's serving of your desired milk replacement must be placed in your child's designated spot in the refrigerator in the kitchen each morning. If more than one serving of "milk" is required, a sippy per serving is expected. **Chocolate flavored milk replacement is unacceptable since we do not serve chocolate milk to the other children.** The sippy cup(s) must be retrieved from your child's cubbie at pick-up each day. The lid will not be used when serving the milk to any child whose classmates are also not using lids at meal times.

I further understand that it is my responsibility to provide a substitute that matches as closely as possible the food being served containing the food to be avoided. Additionally, Bright Haven should be notified as soon as the food avoidance is no longer necessary and the child can once again be included in the regular BHCLC menu.

The food avoidance should begin on _____ and will be re-evaluated prior to each August that this child is in attendance at Bright Haven Children's Learning Center.

Supervisor Initials:_____

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____