



Child Care Development Services
123 E. Powell Blvd #300 Gresham Oregon 97030

**Parent / Guardian Written Request for
Non-Dairy Beverage Substitution**

Return the completed form to the Child Care Provider / Facility

To be completed by parent or guardian as applicable:

Date _____ Participant's Name _____

Parent or Guardian's Name _____

Child Care Provider / Facility _____

Medical Condition or Special Dietary Need that requires participant to have a non-Dairy Beverage Substitution:

Non-Dairy Substitute for Milk _____