



MILK SUBSTITUTION FORM

Milk Nutrients for Milk Substitutions in CNP

Nutrient	Nutrients per Cup		RDI	%DV
Potassium	349	mg	3500 mg	10%
Protein	8	g	50g	16%
Vitamin A	500	IU	5000 IU	10%
Calcium	276	mg	1000 mg	27.60%
Vitamin D	100	IU	400 IU	25%
Riboflavin	0.44	mg	1.7 mg	25.90%
Vitamin B-12	1.1	mcg	6.0 mcg	18.30%
Phosphorus	222	mg	1000 mg	22.20%
Magnesium	24	mg	400 mg	6%

Taken from NSLP Regulation 210.10 (m)

As of 8/1/2019, the following are products you can purchase in Idaho which meet the nutritional requirements:

1. 8th Continent Original Soymilk
2. West Soy Organic Plus Plain
3. Great Value Original Soymilk
4. Pearl Organic Smart Original

Dear Parent/Guardian of: _____ /_____/_____
Name of Child Date of Birth

_____ is able to provide the following creditable milk
Name of Child Care Facility

Substitute: _____, in the event that your child is lactose intolerant a
 Lactose free milk is available.

 Facility /Provider Signature

MILK SUBSTITUTION FORM

I have requested this child care facility to replace the required milk component with the above creditable milk substitute or the lactose free alternative for my child. Check the requested milk.

_____ Soy milk _____ Lactose Free Milk

Parent/Guardian Signature _____ **Date**

 Printed Name of Parent