**Food For Non Dairy Milk Form**

*Children/Infants with Medical or Special Dietary Needs*

Name of Center: __________________________ Date: __________________________

**TDA Requirements Per Cup**

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Weight</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>276 mg.*</td>
<td>30</td>
</tr>
<tr>
<td>Protein</td>
<td>8 g.*</td>
<td>-</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>500 IU.*</td>
<td>10</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>100IU*</td>
<td>25</td>
</tr>
<tr>
<td>Vitamin B-12</td>
<td>1.1 mcg*</td>
<td>20</td>
</tr>
<tr>
<td>Magnesium</td>
<td>24mg*</td>
<td>6</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>222mg*</td>
<td>20</td>
</tr>
<tr>
<td>Potassium</td>
<td>349mg*</td>
<td>10</td>
</tr>
<tr>
<td>Riboflavin</td>
<td>.44mg*</td>
<td>35</td>
</tr>
</tbody>
</table>

Nutrient        | Weight | Percentage |
Calcium         |        |            |
Protein         |        |            |
Vitamin A       |        |            |
Vitamin D       |        |            |
Vitamin B-12    |        |            |
Magnesium       |        |            |
Phosphorus      |        |            |
Potassium       |        |            |
Riboflavin      |        |            |

****1 IU = 0.025 mcg.

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**Your Substitute for Non Diary**

Brand Name: __________________________

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Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrient levels found in cow’s milk as outlined above:

Who will supply Non Dairy Milk Substitute?
Parent or Center: __________________________

Name child/ren to receive Non Dairy Milk Substitute __________________________________________
_____________________________________________________________________________________

Date Approved by FFK : __________________________
Date: Declined by FFK : __________________________

*** Attach or include a legible copy of the Nutrition Fact Label of the milk and note or statement of religious preference.

Special Notes or Instructions: