



FP Assistance
Feeding the Future

Parent Provided Milk documentation

Site Code: _____

Name of Parent: _____

Name of Child: _____

Age of Child: _____

Fat % of milk (choose one): Whole 1% Skim Special milk*

Size of milk provided (choose one): Gallon ½ gallon quart ½ pint

Quantity of milk (how many): _____

Date milk was provided: _____

*Describe the Special Milk:

Attach the Dr. note that supports the special milk