

LACTOSE-FREE MILK WRITTEN REQUEST FORM

Schools in Minnesota must provide lactose-reduced or lactose-free milk to students who are lactose intolerant and who participate in the National School Lunch Program, School Breakfast Program, and Afterschool Care Program. Minnesota Statutes section 124D.114 requires a sponsoring authority of school meal programs to provide one of these alternatives for a student with lactose intolerance if the parent has requested, in writing, an alternative. Duluth Edison provides lactose-free milk.

Please complete this form and return to me via email or send a written note for your son/daughter requesting they receive lactose-free milk at meal times while at school so we can continue to provide this alternative for them. This will serve as the required documentation needed for compliance. Thank you in advance for your immediate attention to this matter.

_____ is lactose intolerant.
(Name of student)

I am requesting he/she receive lactose-free milk at meals while at school.

_____ Date: _____
(Parent/Legal Guardian signature)

_____ **Y or N My student is able to eat all other dairy products.**
If no, please indicate here the items they are not able to tolerate besides regular cow's milk:

**If your child does not have a disability, but you are requesting that they be served a fluid milk substitute (soy milk) due to milk intolerance or other medical reasons, a SPECIAL DIET STATEMENT FORM must be completed. Food preferences are not an appropriate use of this form. A licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist, chiropractor, must sign this form. A copy of this Special Diet Statement can be found under the Food Service Section on the Special Diet Statement page of DECS website.*