



Orono Schools Health Services
Lactose Intolerance
Annual At School Dietary Request Form

School Year: _____

Date: _____

Student's Name: _____ Date of Birth: _____

Dear Parent or Guardian,

You have informed Health Services that your child has lactose intolerance/milk allergy and is unable to drink milk with his/her lunch.

School food service regulations require that we have written verification from a parent stating your child is unable to drink milk. This verification needs to be updated on a yearly basis. Lactose free milk is available upon request.

Please return this form with your signature and send it to the school your child attends, or fax this communication directly to the school that your child attends.

Schumann Elementary Health Office	Phone: (952) 449-8487	Fax: (952) 449-8499
Orono Intermediate School Health Office	Phone: (952) 449-8473	Fax: (952) 449-8479
Orono Middle School Health Office	Phone: (952) 449-8461	Fax: (952) 449-8453
Orono High School Health Office	Phone: (952) 449-8417	Fax: (952) 449-8449

Parent signature: _____ Date: _____

Revised 9/17