

St. Michael-Albertville Public Schools

Medical Statement for Children with Special Dietary Needs

Child with Lactose Intolerance

Student Name: _____

School: _____

Date: _____

Birth Date: _____

Children with Lactose Intolerance- This may be completed by a parent/guardian

Under MN State Statute 124D111, schools are required to provide lactose reduced milk for students that are lactose intolerant and provide written request to the Food Service Office. St. Michael-Albertville Schools purchase lactose reduced milk from our milk provider upon a written request from a parent. A physician's signature is not required for lactose reduced milk.

I certify that my child is lactose intolerant and should be provided with lactose reduced milk.

Parent/Guardian's Signature

Date

Phone Number

Please contact our Food Service Department with questions.

763-497-3180

Please return this form to the Food Service Office at:

ISD #885
Food Service Department
11343 50th Street NE
Albertville, Mn 55301