

Students with Lactose Intolerance

Dear Parents/Guardians,

State law (Minnesota Statutes 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/guardian has requested an alternative in writing:

- Lactose-reduced milk, or
- Milk fortified with lactase in liquid, tablet, granular, or other form, or
- Milk to which lactobacillus acidophilus has been added.

Please complete the form below if you need to make this request for your child. If you have any questions, please contact the Nutrition Services Coordinator.

Nutrition Services
Owatonna Public Schools, ISD 761
nutritionservices@isd761.org

Parents/Guardians Written Request for Lactose-Reduced Milk

Name of Student:	Current School:	Current Grade:
Name of Parent/Guardian:	Email:	Phone Number:
Requesting Lactose-Reduced Milk for:	<input type="checkbox"/> Breakfast & Lunch	<input type="checkbox"/> Breakfast Only <input type="checkbox"/> Lunch Only

Parent/Guardian Signature

Date

Return completed form to your school kitchen or Nutrition Services office via:

Email: nutritionservices@isd761.org | **Fax:** 507-686-6129 | **Drop-off/mail:** 515 W Bridge St, Owatonna, MN 55060

This request form is for Lactose-Reduced Milk only. Parents/Guardians requesting additional meal accommodations beyond lactose-reduced milk for their student must submit a **Special Diet Statement form signed by a state licensed medical authority: Physician, Physician's Assistant, or Nurse Practitioner.*

This institution is an equal opportunity provider