

Medical Statement for Children with Lactose Intolerance Needs

Student Name:	School:	
Student ID:	Birth Date:	
Children with Lactose Intolerance—This section may be completed by a parent/guardian		
Under MN State Statute 124D.114, schools a intolerant. Minneapolis Public Schools purch from a parent. A physician's signature is not	ases lactose reduced milk from ou	ur milk provider upon written request
I certify that my child is lactose intolerant an	d should be provided with lactose	e reduced milk.
Parent/Guardian's signature	 Date	Phone Number

Return by email to

Ask.Dietitian@mpls.k12.mn.us

Return by mail to

Culinary & Wellness Services Dietitian

MPS Nutrition Center

812 Plymouth Avenue North

Minneapolis, Minnesota 55411