



Lactose Free Milk Request Form

Student Name: _____ School: _____

Student ID: _____ Birth Date: _____

Children with Lactose Intolerance—This section should be completed by a parent/guardian

Under MN State Statute 124D.114, schools are required to provide lactose free milk for students that are lactose intolerant. Minneapolis Public Schools purchases lactose free milk upon written request from a parent. A physician's signature is **not** required for lactose free milk. Completion of this form does **not** result in dairy free milk or meals.

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

Parent/Guardian's signature

Date

Phone Number

Return by email or mail to

Ask.Dietitian@mpls.k12.mn.us

Culinary & Wellness Services Dietitian
MPS Nutrition Center
812 Plymouth Avenue North
Minneapolis, Minnesota 55411