



Mankato Area Public Schools
Nutrition Services Department
PO Box 8741
Mankato, MN 56002-8741

Students with Lactose Intolerance

Minnesota Statute (124D.114) requires Child Nutrition Programs to provide lactose reduced milk for students that are lactose intolerant if a written request is received. Mankato Area Public Schools will provide lactose reduced milk with the purchase of a meal, for any student with lactose intolerance who has completed this form below.

This request form is for lactose reduced milk only. If your student requires additional meal accommodations, a Special Diet Statement form signed by an approved state licensed medical authority is required. Please contact Nutrition Services for additional information.

Parent/Guardian Written Request for Lactose Reduced Milk

Student Information		
Name (First & Last)	Current School	Current Grade
Requesting Lactose Reduced Milk for (select all that apply): <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch		

Parent/Guardian Information		
Name (First & Last)	Email	Phone Number

Parent/Guardian's Signature

Date

Return completed form to:

Email
nutritionservice@isd77.org
Fax
507-207-4333

Office Location
15 Map Drive
Mankato, MN 56001

Mailing Address
MAPS Nutrition Services
PO Box 8741
Mankato, MN 56002-8741