



EDEN PRAIRIE SCHOOLS

Inspiring each student every day®

Students with Lactose Intolerance

Medical Statement for Students with Special Dietary Needs

Student Name (First) _____ (Last) _____

Birth Date ____/____/____

School _____

I certify that my child is lactose intolerant and should be provided with lactose reduced milk. Soy is not an option for lactose reduced milk.

Under MN State Statute 124D.114 Lactose Reduced Milk, districts are required to make lactose reduced milk available to students that are lactose intolerant at the written request of a parent/guardian. Eden Prairie Schools provides lactose reduced milk upon written request from a parent/guardian. A physician's signature is not required for lactose reduced milk.

Guardian Name (First) _____ (Last) _____

Phone number _____

Email _____

Signature _____ Date ____/____/____

For any other food allergies or sensitivities,
please reach out to the health office for a special diet form.

Submit completed forms to your student's school nurse.

*This completed form will carry over each school year
unless parent/guardian wishes to amend or remove it.*