



Willmar Public Schools

Date _____

Student _____

DOB _____

Lactose Free or Lactose Reduced Milk: Parents may request lactose free or lactose reduced milk for a participant. A Special Diet Statement is not required to request lactose free or lactose reduced milk as both products are **cow's milk** in which an enzyme (lactase) has been added to break down the milk sugar (lactose) into a digestible product.

If a student requires a **non-dairy milk substitute** (like almond milk) due to a medical need (e.g., dairy allergy), a **Special Diet Statement** from a medical professional is required.

- My child has lactose intolerance and I request they receive lactose-free milk with meals as a replacement.

- My child has lactose intolerance; however, no dietary accommodations need to be made.

- My child requires a **non-Dairy (non cow's milk)** substitute. I will submit a Special Diet Statement signed by a medical provider. (Available on the School website—OR—request from the school nurse at your student's school)

If you have any questions or concerns please contact the Health Office Nurse at the building your student attends.

Parent/Guardian Signature _____

Date _____

- Campus Condition
- Campus Flag
- E-mail Bobbi Varichak (varichakb@willmar.k12.mn.us)
- E-mail school Dietary Department
- E-mail LSN/RN