HOPKINS PUBLIC SCHOOLS
Student Nutrition

Hopkins Public Schools

Request for Lactose-free Milk

Student Name: _____ DOB: _____

School: _____

I am requesting lactose-free cow's milk be provided to my student at school. I understand that if there are other dietary requirements or limitations (including soy milk or restriction of other dairy products), I need to complete a Special Diet Statement form and have it signed by either a physician, physician's assistant, nurse practitioner, or registered dietitian.

Parent/Guardian Signature: _____

Date: _____

Teachers/Staff: If you receive this form please send it to your school's cook supervisor

If you have any questions, please contact Katie Joyce at Katherine.Joyce@HopkinsSchools.org