



WILLMAR PUBLIC SCHOOLS

District Office // 611 5th Street W, Willmar, MN 56201

phone: (320) 231-8500 // web: willmar.k12.mn.us

Date

Student

DOB

School Building

select ▾

Fluid Milk Substitutes: Parents may request lactose free, lactose reduced, or soy milk for a participant. A Special Diet Statement is not required to request lactose free, lactose reduced, or soy milk as all products are nutritionally equivalent to the level of nutrients found in one cup of cow's milk.

If a student requires a different **non-dairy milk substitute** (like almond milk) due to a medical need (e.g., dairy allergy), a [Special Diet Statement](#) from a licensed medical provider (Licensed Physician, Licensed Physician Assistant, Advanced Licensed Practice Registered Nurse, or a Licensed Registered Dietitian) is required. Please select one of the following options below for your child's needs.

☐ 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 needs soy milk provided. The reason (required to provide) for the substitution is:

☐ 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

For office use only:

☐ Campus Condition

☐ Campus Flag

☐ E-mail Bobbi Varichak (varichakb@willmar.k12.mn.us)

☐ E-mail LSN and LPN