Dear Parent/Guardian,

State law (Minnesota Statutes 124D.114) requires a Sponsoring Authority of school meal programs to provide one of these alternatives for a student with lactose intolerance if the parent/guardian has requested an alternative in writing:

• Lactose-reduced milk, or
• Milk fortified with lactase in liquid, tablet, granular, or other form, or
• Milk to which lactobacillus acidophilus has been added.

Please complete the form below if you need to make this request for your child. Please contact me at 507-645-3432 if you have any questions.

Respectfully,

Stephany Stromme, RDLD
Director of Child Nutrition
Northfield Public Schools, ISD 659

2020-21 Parent/Guardian Request for Lactose Reduced Milk

Name of Student: ________________________________

School: ________________________________ Grade: ______

Name of Parent/Guardian: ________________________________ Telephone Number: __________

Parent Signature: ________________________________ Date: __________

Drop-off or mail form to your child’s school nurse. The school nurse will notify the Child Nutrition Department of your request.