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

____________________________________________________________________________________

2019-2020 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.