Lactose Intolerant Diet Statement

______________________________________________ is lactose intolerant.

(Name of student)

I am requesting that my student is offered □ no milk at meals while at school.

______________________________________________  __________________________
(Parent/Legal Guardian Name)  (Parent/Legal Guardian Signature)

____________________
(Date)

Yes  or  No  My student is able to eat all other dairy products.

If yes, please indicate here the dairy items that they are able to tolerate besides regular cow’s milk: ________________________________

____________________________________________________________
___________________________________________

Please return completed form to your student’s school nurse.

Please contact Belgrade Food Service at 406-924-2516 with any questions or concerns.

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