

JCC PUBLIC SCHOOLS
Medical Statement for Children with Special Dietary Needs
Children with Lactose Intolerance

Student Name: _____ **School:** _____

Date: _____ **Grade:** _____

Children with Lactose Intolerance - This may be completed by a parent / guardian

Questions... please contact the Nutrition Services Office at: 507-847-6637

JCC Food & Nutrition Services is required by MN Statute 124D.111 to provide lactose-reduced milk to students who are *lactose intolerant AND have a written request on file with Food & Nutrition Services Office*. A doctor's signature is not required. Please submit written documentation to your school secretary.

These forms must be updated each school year

Important Note: Juice or water or other types of milk (almond milk, rice milk, soy milk) is not recognized by Minnesota Department of Education and USDA as an approved substitute for lactose intolerance. The approved substitute that Food & Nutrition Services provides is: Lactose-Reduced Milk

Please return this form to the secretary at your school

I certify that my child is lactose intolerant and should be provided with lactose reduced milk.
Parent/guardian's signature date phone number

Parent/Guardian Signature: _____

Phone Number: _____

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