

**Minneapolis Public Schools**  
**Medical Statement for Children with Lactose Intolerance Needs**

Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_

School: \_\_\_\_\_  
Birth date: \_\_\_\_\_

**Children with Lactose Intolerance – This section may be completed by a parent/guardian**

Under MN State Statute 124D.111, schools are required to provide lactose reduced milk for students that are lactose intolerant and provide a written request to the Nutrition Center. Minneapolis Public Schools purchase lactose reduced milk from our milk provider upon written request from a parent. A physician's signature is not required for lactose reduced milk.

I certify that my child is lactose intolerant and should be provided with lactose reduced milk.

\_\_\_\_\_

*Parent/guardian's signature*

\_\_\_\_\_

*date*

\_\_\_\_\_

*phone number*

Updated March 2013