

## **Medical Statement for Children with Lactose Intolerance Needs**

Student Name:	School:	
Student ID:	Birth Date:	
Children with Lactose Intolerance—This section may be completed by a parent/guardian		
Under MN State Statute 124D.114, schools ar intolerant. Minneapolis Public Schools purcha parent. A physician's signature is <b>not</b> required	ises lactose free milk from our mi	
I certify that my child is lactose intolerant and	I should be provided with lactose	free milk.
Parent/Guardian's signature	 Date	Phone Number

Return by email to

Ask.Dietitian@mpls.k12.mn.us

Return by mail to

Culinary & Wellness Services Dietitian

**MPS Nutrition Center** 

812 Plymouth Avenue North

Minneapolis, Minnesota 55411