

To the Parent/Guardian of: _____

Our school health records indicate that your student has a milk intolerance. In the past we have required an MD order for dietary accommodations. Hastings Schools will now be requiring a “one-time only” parental request. Please complete this form and return it to the health office of the school your student will attend in the fall. This form will be placed in your student’s health record and this information will be shared with Food Service staff.



STUDENTS WITH MILK INTOLERANCE

The responsibility of the Hastings School District to provide substitutions for any child with lactose intolerance is specified in State Law 124D.144. Under this law, a school district that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent shall make available lactose-reduced milk. The school is not required to make available any other substitutes, such as juice, based on lactose intolerance.

STUDENT’S NAME _____
NAME OF SCHOOL _____
GRADE _____

Please mark one of the following three choices:

Lactose-reduced milk.

I would like my child to have lactose-reduced milk provided to them for the entire school year.

Please make sure your child will consume this product before requesting this option.

No dietary substitution needed.

Other

Please specify: _____

PARENT’S SIGNATURE _____ DATE _____