Lactose Free Milk Request Form

Student Name: _____ School: Hope Academy_____

Student ID: _____ Birth Date: _____

Children with Lactose Intolerance—This section should be completed by a parent/guardian
Under MN State Statute 124D.114, schools are required to provide lactose free milk for students that are lactose intolerant. Hope Academy purchases lactose free milk upon written request from a parent. A physician's signature is **not** required for lactose free milk. **Completion of this form does not result in dairy free milk or meals.** I certify that my child is lactose intolerant and should be provided with **lactose free milk**. _____ *Parent/Guardian's signature* *Date* *Phone Number*

Return by email or mail to

Manana Owens, School Nutrition Director

mananaowens@hopeschool.org

Hope Academy
710 E 24th St
Minneapolis, Minnesota 55404