

NOTICE TO PARENTS REGARDING LACTOSE INTOLERANCE AND FOOD ALLERGIES

The Minnesota Department of Education requires that all schools receiving reimbursement for school lunch meals offer lactose-reduced or water to those students. We must have on file a form signed by the parents stating whether their child should be offered lactose-reduced milk or water

If your child has been diagnosed as lactose intolerant, please send in a signed note by his/her doctor, along with this form, prior to the start of the school year. Upon written request from the parents of a lactose-intolerant student, St. Joseph School will provide lactose-reduced milk or water for said child.

My child, _____, has been diagnosed as lactose intolerant, and I request that he/she be served the following at lunch:

_____ lactose-reduced milk
_____ water

My child, _____, has been diagnosed with a gluten allergy/sensitivity.

My child, _____, has the following food allergies _____.

Signature of parent

Date

MEDICAL STATEMENT
For Children with Disabilities Requiring Special Needs
In Child Nutrition Programs

Part 1 (to be filled out by parent or school district)

School Year	_____
Name of Student	_____
School District	_____
School Attended by Student	_____

Part II (to be filled out by Physician)

Patient's Name	_____	Age	_____
Diagnosis:	_____		

Describe the patient's disability and the major life activity affected by the disability.			

Does the disability restrict the individual's diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan)			

Special Equipment: _____			

Date: _____		Signature of Physician _____	