

Rev. 08-10-16



EAST BATON ROUGE
PARISH SCHOOL SYSTEM

Child Nutrition Program
3000 N. Sherwood Forest Dr.
Baton Rouge, LA 70814

LACTOSE-FREE MILK REQUEST

DATE: _____

SCHOOL: _____

STUDENT: _____

Dear Parent or Guardian,

Our cafeteria currently has a medical excuse on file for your child that states he/she is lactose intolerant and cannot drink regular fluid milk. We have lactose-free milk available as a substitute for regular milk. We cannot provide juice, soy milk or rice milk as a substitute. If you would like your child to drink lactose-free milk at school please fill out the request below and return it to the cafeteria manager.

Please return this bottom portion to the cafeteria manager by _____.

I am requesting that my child, _____, who
attends, _____ school, drink lactose-free milk
instead of regular milk as part of his/her school breakfast and lunch.

Parent or Guardian Signature: _____

Date