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## LACTOSE-FREE MILK REQUEST

DATE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
STUDENT: \_\_\_\_\_

Dear Parent or Guardian,

Child Nutrition offers lactose-free milk to students who are lactose intolerant as a substitute for regular milk. We cannot provide juice, soy milk, or rice milk as a milk substitute. If you want your child to drink lactose-free milk at school, please complete the request below and return it to the cafeteria manager or fax the form to **225-275-2298**.

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*