



Bryant Thrasher, MS, RDN, LDN

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

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 **225-275-3801**.

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