



**Fatrice Williams, RDN, LDN**

Child Nutrition Program  
3000 N. Sherwood Forest Drive, Bldg. A  
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 completed form to the cafeteria manager or  
fax 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 \_\_\_\_\_