



Inspire Learning. **Unlock Potential. Empower Achievement.**

NUTRITION SERVICES

Stacy Fish
Manager

**Linn-Mar Community Schools
Dairy Milk Substitution Request**

Student Name: _____

School: _____ 2017/18 Grade: _____

- I have attached an updated statement from my physician, documenting my child's need for lactose-free milk.
- My child will be selecting lactose-free milk at school.

**If your child will bring a beverage from home,
this form is not required.**

Parent Signature: _____

Date: _____

To ensure that lactose-free milk will be available for your child on the first day of school, this form must be returned to the Nurse's Office at your child's school or the Nutrition Services Department by August 15, 2017.