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NUTRITION SERVICES

Stacy Fish
Manager

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

Student Name: _____

School: _____ 2018/19 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. Our substitute non-dairy product is Kikkoman Pearl, soy, vanilla, organic milk.

**If your child will bring a beverage from home,
you do not need to return this information to school.**

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, 2018.