

Green Bay Area Public School District Request for Milk Substitution



Student Name		Date of Birth	
Grade		Student ID #	
School		Teacher's Name	

I hereby request a milk substitute for my child, _____ due to lactose intolerance.

My child prefers lactose-free milk or soy milk (circle a preference).

If no preference is circled, lactose-free milk will be the default milk substitute.

This milk substitution will remain in place until removed by parent/guardian in writing. Per USDA regulations, water or juice can no longer be offered as a fluid milk substitute for a student with medical or special dietary needs, in the School Breakfast Program or the National School Lunch Program.

Parent/Guardian Printed Name

Phone Number

Parent/Guardian Signature

Date