



Expiration Date: (Parent Submit Renewal) ___/___/___

MILK INTOLERANCE FORM

STUDENT NAME: _____

Grade

SCHOOL: _____

CHECKLIST:

_____ My child has a milk intolerance. Please provide her/him with a drinking milk alternative.

_____ According to USDA regulations, nutritionally balanced Soymilk or Lactaid are the two alternatives offered at school.

Please provide my child with (circle one): Soymilk Lactaid

_____ I understand that if I am requesting removal of all dairy products (milk, cheese, yogurt), medical documentation indicating a severe milk intolerance or allergy must be provided and Non-Life Threatening Food Allergy/Food Intolerance Plan and meeting are required.

_____ A Milk Intolerance Form must be completed each school year.

Parent/Guardian PRINTED NAME

Parent/Guardian Signature

Date: _____ Parent Phone Number _____

What is Milk Intolerance?

- *Milk Intolerance: An adverse food-induced reaction that does not involve the immune system.*
 - *A true food allergy involves the immune system.*
 - *A person with milk intolerance lacks an enzyme needed to digest milk sugar, called lactose.*
 - *Consuming lactose may result in symptoms such as gas, bloating, and abdominal pain.*
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