

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Food and Nutrition Services

Request for Milk Substitution and Lactose-Free Diet

Student Name:

Date of Birth:

School Name:

Restriction: Milk – lactose intolerance

Reason:

Student will drink:

Lactose-free milk

OR

Soy milk

Check additional items to be restricted:

Milk ingredient in cooked foods

Cheese

Yogurt

Ice Cream

Other:

Parent/Guardian Name:

Date:

Return completed and signed form to the school nurse.