



BRIDGE TO SUCCESS

Hastings Public Schools

INDEPENDENT SCHOOL DISTRICT 200
1000 11TH STREET WEST
HASTINGS, MN 55033-2597
Phone (651) 480-7000
Fax (651) 480-7004

Elementary Students

To the Parent/Guardian of: _____

Our school health records indicate that your student has a lactose intolerance. The Hastings School District and state regulations require a signed parental request form on file if the Food Service Department needs to provide a milk substitution at breakfast and/or lunch. Please complete this form and return it to the health office of the school your student will attend in the fall. This form will need to be filled out and signed in the fall of every school year. This form will be placed in your student's health record and this information will be shared with Food Service staff.



STUDENTS WITH LACTOSE INTOLERANCE

The responsibility of the Hastings School District to provide substitutions for any child with lactose intolerance is specified in State Law 124D.144. Under this law, a school district that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent shall make available lactose-reduced milk.

STUDENT'S NAME _____

NAME OF SCHOOL _____

GRADE _____

Please mark one of the following choices:

☐ **Lactaid (milk with lactase enzyme) milk.**

I would like my child to have Lactaid milk provided to them for the entire school year.

Please make sure your child will consume this product before requesting this option.

☐ **No dietary substitution needed.**

PARENT'S SIGNATURE _____ DATE _____