

## STUDENTS WITH MILK ALLERGIES

My child, \_\_\_\_\_ in Grade \_\_\_\_\_

has a milk allergy or intolerance. Please substitute orange drink for the milk in his/her purchased lunch or snack.

Signature \_\_\_\_\_  
(Parent or Guardian)

Due to requirements established by the USDA, it is necessary for us to have on file a note from a certified health professional stating that your child has a milk/lactose intolerance and a substitute is recommended. If you do not have a note on file from last year, it will be necessary for you to obtain one before we can substitute the orange juice.

**PLEASE RETURN TO THE SCHOOL OFFICE**

**THANK YOU.**