

## Dairy Substitute Form

**This form needs to be updated yearly for Chartwells.**

Dear Parent,

Generally the school food service program has enough variety for your child to select low or no dairy items. However, **if your child does require a milk substitute for either breakfast or lunch, please complete the bottom portion of this letter, have it signed by your child's doctor and return it to your child's school.**

Please contact Leslie Willems, Chartwells Director, at 759-6121 if you have any questions.

### Lactose Intolerance Milk Substitute Request

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

My child will require a milk substitute for breakfast and/or lunch. Comments:

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_