

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:

Parent Signature _____ Date _____

Physician Signature _____ Date _____