

**Cambridge-Isanti Public Schools  
Medical Statement for Children with Special Dietary Needs**

**Children with Lactose Intolerance**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Children with Lactose Intolerance - This may be completed by a parent / guardian**

Under MN State Statute 124D111, schools are required to provide lactose reduced milk for students that are lactose intolerant and provide a written request to the Food Service Office. Cambridge-Isanti Schools purchase lactose reduced milk from our milk provider upon a written request from a parent. A physician's signature is not required for lactose reduced milk.

I certify that my child is lactose intolerant and should be provided with lactose reduced milk.

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
phone number

**Questions... please contact:**

Nathan Huff, SNS  
Food Service Director  
763-689-6216  
nhuff@c-ischools.org

**Please return this form to the Food Service Office at:**

District 911 Education Service Center  
Food Service  
625A Main Street North  
Cambridge, MN 55008

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