

Westonka Public Schools

Westonka Foodies

5905 Sunnyfield Road East (MWHS) Minnetrista, MN 55364 952.491.8088/491.8084 Form: 1082 Student with Lactose Intolerance

Dear Parent,

State law (Minnesota Statutes 124D.114) requires a Sponsoring Authority of school meal programs to provide an alternative for a student with lactose intolerance if the parent has requested an alternative in writing. The current approved substitute that Food & Nutrition Services provides is *Mulu Lactose-Free Skim Milk*. For more information on Lactaid visit www.lactaid.com.

Please complete the form below if you need to request lactose-reduced milk for your child and forward to my attention. If you have any questions, please contact me at 952-491-8084.

Respectfully,

Laura Metzger, RD Director of Food & Nutrition Services Westonka Public Schools, #277 metzgerl@westonka.k12.mn.us

Nutrition Fac 24.000 servings per case Serving size 8flz, 240r		1		5	ctose-Free Skim Milk Vitamins A+D Fat Free + UHT
Amount per serving	00.0				
Calories	80.0		8		
% Dail	y Value*		NO.		_
Total Fat 0.0g	0%			D	Mül
Saturated Fat 0.0g	0%			ali:	
Trans Fat 0.0g	0%			ē	
Cholesterol 6.0mg	2%			55	٠. اسم
Sodium 105.0mg	4%			60	C.
Total Carbohydrates 12.0g	4%		ш	pelicious, Real Mill	
Dietary Fiber 0.0g	0%		No.	=	
Total Sugars 12.0g					- (:
Includes 0.0g Added Sugars	0%		8		~
Potassium 380.0mg	11%		2		
Protein 8.0g	16%		FI		
Vitamin A 750.0 IU	15%				
Vitamin D 40.0 IU	10%				
Calcium 300.0mg	30%				
Iron 0.0mg	0%		1/10	Mary	40ADEA
*The % Daily Values (DV) tells you how mu nutrient in a serving of food contributes to a 2,000 calories a day is used for general nut advice.	daily diet.		N)		3 FL 0Z (236 mL)

Parent/Guardian Request for Lactose Free Milk

Name of Student:	Grade:	Homeroom Teacher:					
Name of Parent/Guardian:							
	In . m						
Daytime Telephone Number:	Evening Telephone Number:						
Westonka Public Schools, ISD 277	School attended by student (circle one)						
	MWHS GMS H	IT HT-ELC SH OLL					
Parent/Guardian Signature:	Date:						
Westonka Foodies Office Use	Date Received:	Date Received:					
☐ NetPOS Update							
□ ALG/INT File							
☐ Site Distribution							
☐ GradYear:							