



January 6, 2010

Dear Parent or Guardian,

The United States Department of Agriculture (USDA) regulations prohibit us from substituting juice for fluid milk in our meal programs because juice is not considered a nutritional equal. The USDA has made it clear that schools cannot claim a meal reimbursement if an acceptable milk substitute is not offered to students that are **lactose intolerant**, even if a physician has written that juice can be given.

Shenandoah County has access to lactose free milk called Dairy Ease from Land O Lakes. This is a product that has an extended shelf life and is manufactured by Dean Foods (parent company of Shenandoah's Pride). This product will only be available in a non-fat unflavored formulation.

The school division will make available lactose free milk in half pint cartons as part of the lunch and breakfast program at no additional charge to those students who have provided documentation that they are lactose intolerant.

To request lactose free milk for your student please complete and return the enclosed letter. If the school does not have a written statement from you or your physician indicating the lactose intolerance, the lactose free milk cannot be offered. Please note that if your child has another medical issue requiring food substitution (beside milk) a physician certification statement is required on an annual basis.

If you have questions or need any further explanation regarding this letter please contact me at (540) 459-6721.

Sincerely,

Beverly S. Polk

Beverly S. Polk

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RE: Accommodation of Lactose Intolerance with Lactose Free Milk as the substitution

Dear Parent or Guardian,

The school nutrition program requires a signed diet order for the condition known as Lactose Intolerance. The substitution our division provides for lactose intolerance is lactose free milk.

If the above substitution is acceptable, please fill in the form below and return it to the cafeteria manager at your student's school. If your student's condition warrants further restrictions, please call to make an appointment to discuss your student's dietary restrictions.

Student Name _____

Student Number _____

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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