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To accommodate the needs of milk allergy and/or lactose intolerant children, the NYS Department of Child Nutrition requires that a doctor prescribe a substitute beverage for school meals.

Please have your doctor complete the following form and return it to the school nurse.

To be completed by physician:

This is to certify that _____ has been determined to have a milk allergy or be lactose intolerant. You may substitute the following beverage in place of milk for school meals.

- Fruit juice
- Water
- Other _____

Signature of doctor: _____

Date: _____

Printed name of doctor: _____