



Maple River Schools ISD 2135

Food Service Office
P.O. Box 515
101 6th Avenue NE
Mapleton, MN 56065
(507) 524 - 3918 Ext. 282
Heather Ehlke, Foodservice Director

SPECIAL MILK FORM

Please fill out this form if your child needs to receive lactose - reduced milk.

Student Name: _____ Grade: _____

Teacher's Name: _____

School Site: _____

I certify that the above named student is in need of lactose - reduced milk.

Parent's Signature

Date

Please send requests to:

Heather Ehlke, Food Service Director
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Mapleton, MN 56065