

## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

## Lactose Intolerance History

(Parent/Guardian to Complete and Return to Nurse)

Student Name:	Date of Birth:
Parent/Guardian:	School:
I E If your child has history of FOOD ALLERGY to MILK as rash, hives, swelling or difficulty breathing) DO NOT speak to your nurse.	•
If your child has LACTOSE INTOLERANCE popular symptoms of lactose intolerance:	lease complete this form.
Please check the boxes below that apply to	your child: