

Maschio's Food Services, Inc.

Dear Parents and Guardians,

Being proactive is the best protection for our students with life-threatening food allergies and the safest meal is one packed from home. Maschio's Food Services offers many foods to the students in your district. Not all foods are allergen free and cross-contamination may occur. Maschio's highly recommends that students with life-threatening food allergies avoid purchasing snacks.

If necessary, Maschio's Food Services is able to offer substitute meals for students with life-threatening food allergies. The enclosed **Medical Statement Request for Special Meals and Milk Substitutions** is required to be completed by your child's physician on a yearly basis. Once the completed and signed paperwork is faxed to our office for review, the safe substitute menu along with manufacturer ingredient labels will be provided for your approval. Once approved, a cross contamination prevention training will be scheduled with the food service staff. Because this process takes several weeks to implement, we recommend that meals be packed from home until substitute meals are available.

If you decide to allow your child to purchase meals from the cafeteria, and do not wish to participate in a substitute meal plan, the enclosed **Waiver** is to be completed and returned to Maschio's Food Services via fax (908-955-7666) or scan/email to sdash@maschiofood.com. Manufacturer food labels are available to view on our website at www.maschiofood.com under "Food Facts." You may contact your child's cafeteria manager for information on brands and product types used in your specific cafeteria, understanding that substitutions, while not likely, may occur. Food Labels may also be requested by emailing Sara Dash, R.D. at sdash@maschiofood.com.

If you have any questions please contact Sara Dash, R.D. at (973) 598-0005 or sdash@maschiofood.com.

Thank you for continuing to work with Maschio's Food Services to keep our students healthy and safe.

Sincerely,

Hallie Berutich, R.D., S.N.S.
Maschio's Food Services
hhalsey@maschiofood.com

Medical Statement: Request for Special Meals and Milk Substitutions

To Be Completed by Parent/Guardian. <i>Please Print.</i>	
School District:	School Site: Grade: Teacher:
Student Name:	<input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent/Guardian:	Phone Number: Email:

The following sections must be completed by a licensed medical physician . <i>Please Print.</i>
<p>Check Box that applies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has a life threatening food allergy and is requesting a special meal or accommodation. <input type="checkbox"/> Student has Celiac Disease and is requesting a special meal or accommodation. <input type="checkbox"/> Student is lactose intolerant and is requesting a milk substitution. <input type="checkbox"/> Student has a chewing/swallowing disorder and is requesting texture modification.

<p>State disability or medical condition requiring special meal, accommodation or fluid milk substitution (i.e. life-threatening food allergy to peanuts):</p> <hr/>
<p>Please provide a description of major life activities affected:</p> <hr/>
<p>Diet prescription or accommodation: (Please describe in detail for appropriate implementation. Attach another sheet if needed):</p> <hr/> <hr/> <hr/>

The following section must be completed by a **licensed medical physician**. *Please Print.*

Foods to be Omitted:	Foods to Substitute:

Additional information can be attached if needed.

Texture Modification

To receive texture modification, a signed diet prescription must be attached.
Please indicate modification type and list all foods that require modifications.

Signature of Physician and Credentials (required):	Printed Name:
Phone Number:	Date:
Parent/Guardian Signature (required):	Printed Name:
Phone Number:	Date:

For Food and Nutrition Services Use Only:

Approves Request More Information Needed Denies Request

Notes:

WAIVER OF PARTICIPATION IN FOOD ALLERGY MANAGEMENT PROGRAM

We have been advised by Maschio’s Food Services, Inc. (hereinafter, “Maschio’s”) the Food Service Manager of the _____ school district in which our child _____, is enrolled as a student, that because our child has a life-threatening allergy, to wit, an allergy to _____, we have the opportunity to enroll our child in a Food Allergy Management Program pursuant to which meal selections containing non-allergenic foods will be made available to our child as substitutes for allergenic foods, and by agreement with the school district, Maschio’s will endeavor to make those substitute meals available to my child.

Notwithstanding that we have been provided the opportunity to enroll our child in the Food Allergy Management Program, we have elected not to enroll our child in the program and the purpose of this Waiver is to memorialize our election not to enroll in writing.

We fully understand that as a result of our decision not to enroll our child in the Food Allergy Management Program that is made available by Maschio’s Food Services, Inc., our child may be exposed to allergens which can cause our child serious medical risks. However, we have determined that we can manage those medical risks without enrolling our child, _____, in the Food Allergy Management Program, and we hereby waive our child’s opportunity to enroll.

By the execution of this Waiver, we voluntarily, unconditionally and permanently (a) waive, renounce and relinquish any and all claims, demands, causes of action, or other liability of any type or kind against Maschio’s and its affiliates and their respective officers, directors, shareholders, employees, representatives and contractors, arising from, relating to, or in any way sustained or incurred, directly or indirectly, by reason of an allergic or other adverse reaction by our child to food products which are served to our child in the cafeteria and which precipitate that allergic or other adverse reaction, and (b) covenant and agree that we will not commence any legal proceeding against Maschio’s and its affiliates, or against any of their respective directors, officers, shareholders, employees, representatives or contractors whether on our behalf or for the benefit of our son/daughter by which we seek damages or any other form of judicial relief as a result of any such allergic or other adverse reaction by our child.

We hereby certify that we have carefully read and understand the contents of this Waiver and execute this Waiver on this _____ day of _____.
(Month, Year)

, Parent

, Parent