



June 3, 2020

Dear Parents and/or 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. **For continuity, product availability, and safety, Maschio's will be implementing a standard menu of one to two options based on your child's allergies for the 2020-2021 school year.** According to USDA-FNS Accommodating Children with Disabilities in the School Meal Programs Guidance for School Food Service Professionals, "the SFA's responsibility is to serve the child a safe meal that accommodates their disability, not to mirror the Program meal served that day." In addition, per SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs, "SFAs are not required to provide the specific substitution or other modification requested, but must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the program."

**Due to Covid-19, if your child participated in our Food Allergy Management Program during the 2019-2020 school year, your child's safe menu will automatically roll over into the 2020-2021 school year. Please note that previous menu options are dependent upon product availability and that menu options may require revision. The first page of the medical documentation is still required to be filled out accordingly with the child's name, school district, school site, teacher, allergy and guardian's signature. Once this is completed, signed and received at our office, we will send the updated menu and labels for the 2020-2021 school year to be signed.**

**If your child's allergies have changed (outgrown a current allergy or received a new diagnosis), we will require the second page be completed and signed by the child's physician. Based on the current allergies a new menu may be created for parent approval.**

**If you are new to the program, the enclosed Medical Statement Request for Special Meals and Milk Substitutions is required to be completed by your child's physician. 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. When approved, a cross**

contamination prevention training will be scheduled with the food service staff once the school year begins. Pending all products are accurately delivered after the training has taken place, this process will take several weeks to implement. We recommend that meals be packed from home until the substitute meal is 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 (908-888-2335) or scan/email to [lkunick@maschiofood.com](mailto:lkunick@maschiofood.com). Manufacturer food labels are available to view on our website at [www.maschiofood.com](http://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 Lorraine Kunick, R.D.N. at [lkunick@maschiofood.com](mailto:lkunick@maschiofood.com).

If you have any questions please contact Lorraine Kunick, R.D.N. at (973) 598-0005 or [lkunick@maschiofood.com](mailto:lkunick@maschiofood.com).

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

Sincerely,  
Lorraine Kunick, R.D.N.  
Maschio's Food Services  
[lkunick@maschiofood.com](mailto:lkunick@maschiofood.com)



**LIFE THREATENING FOOD ALLERGIES CONSENT FORM**

We have been advised by Maschio's Food Services, Inc., (hereinafter, "Maschio's"), the food service management company for the (School Name) \_\_\_\_\_ in the School District in which our child (child's full name) \_\_\_\_\_ is enrolled as a student, that Maschio's does not assume responsibility for an allergic or other adverse reaction which our child may experience as a result of consuming a food product or food products that Maschio's serves in the \_\_\_\_\_ School District cafeteria.

Our child has a life-threatening allergy, to the following allergen(s): \_\_\_\_\_ . We have been advised by Maschio's that the safest foods for our child are foods which are prepared at home.

Notwithstanding that advice, however, after having reviewed the manufacturer ingredient statements which have been provided to us by Maschio's, we have decided to permit our child to purchase and consume food products which are served in the school cafeteria. We understand that the manufacturer ingredient statements are not independently verified or checked by Maschio's and that Maschio's provides no representations or warranties as to the accuracy or completeness of the manufacturer ingredient statements.

The purpose of this Consent Form is to memorialize in writing that decision on our part.

We are also aware that product substitutions resulting in possible allergen exposure may occur. We have read and fully understood the Response to Requests for Medical Information Relative to Food Products which has been issued to parents by Maschio's, a copy of which is annexed hereto.

We are aware that our child may be exposed to medical risks as a result of our decision to allow him/her to purchase and consume food products which are served in the cafeteria, but we have determined that we can manage those medical risks without requesting food substitutions.

By the execution of this Consent Form, 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, the parents of (child's full name) \_\_\_\_\_ at (School Name) \_\_\_\_\_ School District certify that we have carefully read and understand the contents of this Consent Form and the attached Response to Requests for Medical Information, and execute this Consent Form on \_\_\_\_\_. (Month-Date-Year)

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed

Parent/Guardian

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed

Parent/Guardian



## 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:

**Signature of Parent / Guardian:** \_\_\_\_\_

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

Check Box that applies:

- Student has a **life** threatening (anaphylactic) food allergy and is requesting a special meal or accommodation.
- Student has a **non-life** threatening food allergy and is requesting a special meal or accommodation.
- Student has Celiac Disease and is requesting a special meal or accommodation.
- Student is lactose intolerant and is requesting a milk substitution.
- Student has a chewing/swallowing disorder and is requesting texture modification.

State disability or medical condition requiring special meal, accommodation or fluid milk substitution (i.e. life-threatening food allergy to peanuts):  
\_\_\_\_\_

Please provide a description of major life activities affected:  
\_\_\_\_\_

Diet prescription or accommodation: (Please describe in detail for appropriate implementation. Attach another sheet if needed):  
\_\_\_\_\_

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

Foods to be Omitted:	Foods to Substitute:

**Texture Modification**

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

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

**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/Guardian

\_\_\_\_\_  
, Parent/Guardian