Maschio's Food Services, Inc.

Please email forms to lkunick@maschiofood.com
or fax to (908) 888 2335

Medical Statement:
Request for Special Meals and Milk Substitutions

To Be Completed by Parent/Guardian. *Please Print Clearly.* **Required**	
School District or School Name:	School Site: Grade: Teacher:
Student Name: Preferred Name (if applicable):	☐ Male ☐ Other ☐ Female ☐ Choose not to disclose
Name of Parent/Guardian:	Phone Number: Email:

Signature of Parent / Guardian:_____

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

OR

If updated yearly medical documentation is already on file check here and attach documentation. ☐

(No Need to Fill Out the Below Information on Pages 1 and 2 if documentation is on file)

Requesting Accommodation For:

☐ **Life threatening** (anaphylactic) food allergy

☐ **Non-life threatening** food allergy

☐ Celiac Disease or Gluten Intolerance

☐ Lactose Intolerance and is requesting a milk substitution **(not for milk allergy)**

Choice of: ☐ Soy Milk ☐ Lactaid

***Note**: Per USDA guidelines, we cannot substitute water for milk

☐ Chewing/swallowing disorder and is requesting texture modification

☐ Student has diabetes and has a diet order for carbohydrate allowance

Breakfast_____ (grams) Lunch_____ (grams) Snack_____ (grams)

(**Please attach a copy of the diet order)**

☐ Student has a special dietary need not listed above **(please explain below)**

_____

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 professional**. *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.

A' la carte Snacks and Outside Pizza: * *We recommend that students with life-threatening food allergies avoid purchasing snack items or outside pizza as these are more likely to come into contact with allergens during manufacturing or preparation.*

- ☐ We are allowing our child to purchase or receive outside pizza in the cafeteria
- ☐ We are allowing our child to purchase any snack item sold in the cafeteria
- ☐ We are allowing our child to purchase or receive **BOTH** outside pizza and snack item sold in the cafeteria
- ☐ We are **NOT** allowing our child to purchase or receive any snack item sold in the cafeteria
- ☐ We are allowing our child to purchase the following snack items sold in the cafeteria: ***(List Below)***

Signature of Licensed Medical Professional 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

Notes: