



June 1, 2022

Dear Parents and/or Guardians,

Being proactive is the best protection for our students with life-threatening food allergies (i.e., peanuts, tree nuts, wheat, milk, soy, egg, fish, shellfish, sesame), Celiac disease, dysphagia, diabetes, or any other medical condition. 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. 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."

The enclosed **Medical Statement Request for Special Meals and Milk Substitutions** is required to be completed by your child's physician or medical professional on a yearly basis unless updated medical documentation is on file. Once the completed and signed paperwork is faxed **(908-888-2335)**, completed online through our **Google Form** or **emailed** to lkunick@maschiofood.com 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 may 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 or receive meals from the cafeteria, manufacturer food labels are available to view on the district's/school menu website. While we do not typically purchase items containing peanuts or tree nuts in most districts, some of our schools may offer peanut butter and jelly sandwiches whether prepacked or otherwise and we cannot guarantee that all items are manufactured in peanut or tree nut free facilities or do not share equipment. You may contact Maschio's 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, MPH, RDN, CHES at lkunick@maschiofood.com.

If you have any questions please contact Lorraine Kunick, MPH, RDN, CHES at (973) 598-0005 or lkunick@maschiofood.com.

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

Sincerely,
Lorraine Kunick, MPH, RDN, CHES
Director of Nutrition
Maschio's Food Services
lkunick@maschiofood.com

Medical Statement: Request for Special Meals and Milk Substitutions

To Be Completed by Parent/Guardian. <i>Please Print Clearly.</i> Required	
School District or School Name:	School Site: Grade: Teacher:
Student Name: Preferred Name (if applicable):	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> 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 . <i>Please Print.</i>
OR
If updated yearly medical documentation is already on file check here and attach documentation. <input type="checkbox"/>
(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:

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Student Name: Preferred Name (if applicable):	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
Name of Parent/Guardian:	Phone Number: Email:

Signature of Parent / Guardian: _____

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