



RESPONSE TO REQUESTS FOR MEDICAL INFORMATION RELATIVE TO FOOD PRODUCTS

With increasing frequency over the past few years, we at Maschio's have received various requests from parents and other interested persons relative to both the ingredients of the food products which we prepare and serve and the medical significance of those food ingredients.

Most of these requests for such information have come from interested parents who understandably are concerned about a medical condition which a child may suffer from and the impact that diet and nutrition may have on that medical condition.

We at Maschio's, of course, would like to assist those inquiring parents to the maximum extent that we can, but we are constrained to advise that there are significant limitations on the responses that we can furnish.

First, we do not independently perform testing with respect to the ingredients of the food products which we prepare and serve nor are we required to by the terms of the Agreement which we enter into with your school district.

The only source of any information that we are able to provide relative to the ingredients of the food products which we prepare and serve is literature which may be furnished to us by the manufacturer or supplier to Maschio's of the involved food product and that information is not independently verified or checked by Maschio's and may or may not be accurate.

Accordingly, although in limited cases we may be in a position to furnish information about the ingredients of the food products which we prepare and serve because that information has been supplied to us by our suppliers, we are not in a position to affirm the accuracy of that information or even to suggest or recommend that it be relied upon by parents.

Second, we, of course, cannot provide medical or nutritional advice regarding the food products which we prepare and serve and accordingly we are not in a position to provide any opinions or conclusions regarding the impact, adverse or otherwise, which any such food product may have on the existing medical condition of a child.

We, of course, will be pleased to provide any interested parent with copies of the menus for the meals which we prepare and serve, but we are not in a position to present any opinions or conclusions regarding the interaction or impact which any of the food products which we prepare and serve may have on the existing medical condition of a child.

Any such medical opinion or conclusion will have to be secured from a physician or another skilled and knowledgeable professional, the professional services of whom are beyond the scope of the service which we provide to your school district.

We at Maschio's, of course, remain committed to providing safe and nutritious meals for your children and we look forward to continuing to cooperate with representatives of your school district and parents to achieve that objective.



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. <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**. *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: