

MASCHIO'S



FOOD ALLERGY MANAGEMENT Program

“safe menu” (a customized menu to meet your child’s dietary needs and/or restrictions) or other meal accommodation for your child. To complete our [Medical Statement Request for Special Meals and Milk Substitutions Document](#). All documentation may also be completed online by visiting www.bit.ly/safemenu. The medical statement form is enclosed if you prefer to submit the documentation via email (nutrition@maschiofood.com). If submitting via email, please use the subject line “SAFE MENU.” Alternatively, the form may be faxed to (908) 888-8335. Please note that supplemental documentation required from your child’s physician or medical professional and new medical forms must be submitted to the nutrition department annually. ***a safe menu or meal accommodation is not needed, no paperwork is required.***

3 STEPS to Receiving a SAFE MENU

1. Submission of a complete and signed medical statement.
2. Approved and signed safe menu received.
3. Cross-contamination allergy training for school and/or food service employees.

Following receipt of documentation, a safe menu, along with corresponding food labels, will be provided for our approval. Cross-contamination training will also be scheduled with our school food service staff at the start of the next school year. Please note that this process may take several weeks to implement; we recommend that meals be packed from home until the substitute meal is available.

If you permit your child to purchase or receive meals from the cafeteria, food labels are available to view on our website. While Maschio’s strives to purchase items free of peanuts and tree nuts, we cannot guarantee that all items are manufactured in peanut or tree nut-free facilities and/or without sharing of equipment with other allergens. Additionally, our schools may offer peanut butter and jelly sandwiches (individually wrapped or otherwise). You may contact Maschio’s for information on food items used in your school’s understanding that substitutions while not ideal, may sometimes occur. Food labels may also be requested by email in [redacted] Maschio’s registered dietitian nutritionists at nutrition@maschiofood.com. If you have any questions, please contact the nutrition office at (973) 598-0005 or nutrition@maschiofood.com.

Thank you for continuing to work with Maschio’s to keep your children healthy and safe.

Sincerely,

Corrine Kunick, M.P., R.D.N., Director of Nutrition

Director of Nutrition

Maschio’s Food Services, Inc.

kunick@maschiofood.com

For more information on accommodations in school meal programs, please visit the USDA memorandum (www.fns.usda.gov/cn/modifications-accommodate-disabilities-school-meal-programs).

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MEDICAL STATEMENT: Request for Special Meals and Milk Substitutions

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

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):	<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 information below 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
- For thickened liquids: **Choice of:** Honey Nectar Other: _____
- 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 (e.g., 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):



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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: <i>* 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.</i>
<input type="checkbox"/> We are allowing our child to purchase or receive outside pizza in the cafeteria <input type="checkbox"/> We are allowing our child to purchase any snack item sold in the cafeteria <input type="checkbox"/> We are allowing our child to purchase or receive BOTH outside pizza and snack item sold in the cafeteria <input type="checkbox"/> We are NOT allowing our child to purchase or receive any snack item sold in the cafeteria <input type="checkbox"/> We are allowing our child to purchase the following snack items sold in the cafeteria: <p style="text-align: center;"><i>(List Below)</i></p>

Signature of Licensed Medical Professional and Credentials (Required)	Printed Name:
Phone Number:	Date:
Parent/Guardian Signature (Required)	Printed Name:
Phone Number:	Date:

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RESPONSE TO REQUESTS FOR MEDICAL INFORMATION RELATIVE TO FOOD PRODUCTS

With increasing frequency over the past few years, we at Maschio's Food Services, Inc. ("Maschio's") have received various requests from parents and other interested parties relative to both the ingredients of the food products we prepare and serve, and the medical significance of those food ingredients. Most of these requests for such information have come from interested parents/guardians who are concerned about their child's medical condition and the role that diet and nutrition plays.

We are pleased to assist inquiring parties to the maximum extent that we can, such as providing copies of our menus for the meals we prepare and serve. Please note, however, there are limitations on the responses that we can furnish. Below are several of Maschio's guidelines that may be helpful.

- Maschio's does not independently perform ingredient testing for the products we prepare and serve, nor are we required to by the terms of the agreement between Maschio's and your child's school district.
- Maschio's is happy to provide literature furnished by food manufacturers and/or suppliers we work with. To note, this literature is not independently verified and may or may not be accurate. Please note that we are unable to affirm the accuracy of that information or even suggest or recommend that it be relied upon by parents/guardians, school nurses, and/or school district representatives.
- Maschio's representatives are unable to provide medical or nutritional advice regarding the food products we prepare and serve. Accordingly, we are unable to provide any opinions or conclusions regarding the impact any such food product may have on any existing medical condition. Medical opinions or conclusions must be secured from the child's physician or other healthcare professional. These services are beyond the scope of the service which we provide to your school district.

We at Maschio's Food Services, Inc., remain committed to providing safe and nutritious meals for your child(ren) and we look forward to continuing to serve as a partner to keep your children safe.

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