

GARFIELD PUBLIC SCHOOLS

JAMES MADISON SCHOOL# 10

55 LINCOLN PLACE, GARFIELD, NEW JERSEY 07026

PHONE: 862-306-7190

MRS. JENNIFER ALFONSO
PRINCIPAL

MRS. AMANDA SILVA, BSN, RN
SCHOOL NURSE
EXT: 1106 FAX: 973-773-1976
asilva@gboe.org

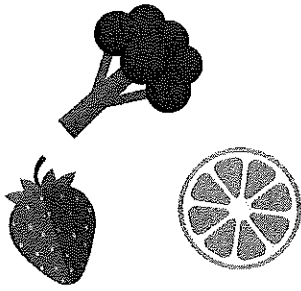
Maschio's Food Services Special Meal Request

Please read and complete the attached paperwork if your child will need special meals from Maschio's Food Services during the school year.

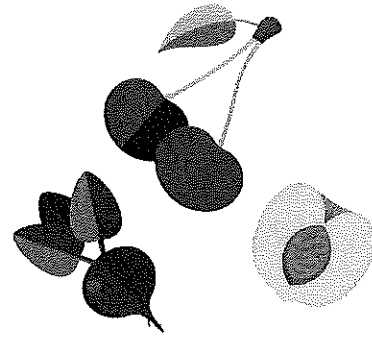
Examples of special meals include:

Milk Substitutions

Food Substitutions for food allergies



525 E. Main Street Chester, NJ 07930
(973) 598-0005 Fax (973) 598-0007
www.maschiofood.com



June 1, 2021

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 2021-2022 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."

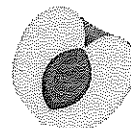
The enclosed **Medical Statement Request for Special Meals and Milk Substitutions** is required to be completed by your child's physician on a yearly basis. Once the completed and signed paperwork is faxed to our office for review, the safe substitute menu along with manufacturer ingredient labels will 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. Manufacturer food labels are available to view on our website at www.maschiofood.com. 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.

If you have any questions please contact Lorraine Kunick, M.P.H., R.D.N. 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, M.P.H. R.D.N.
Maschio's Food Services
lkunick@maschiofood.com



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.



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: 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 must be completed by a **licensed medical physician**. *Please Print.*

Requesting Accommodation For:

- Life** threatening (anaphylactic) food allergy
- Non-life** threatening food allergy
- Celiac Disease
- Lactose Intolerance and is requesting a milk substitution (**not for dairy allergy**)
- Chewing/swallowing disorder and is requesting texture modification
- Student has diabetes and has a diet order for carbohydrate allowance
 Breakfast_____ (g) Lunch_____ (g) (**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 physician**. *Please Print.*

Foods to be Omitted:	Foods to Substitute:

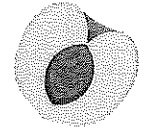
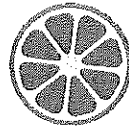
Texture Modification
To receive texture modification, a signed diet prescription must be attached. Please indicate modification type and list all foods that require modifications.

Signature of Physician 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 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.

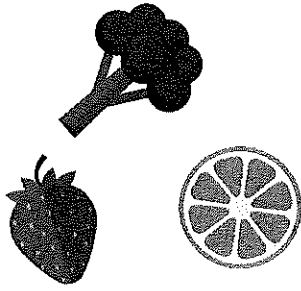
We fully understand that as a result of our decision not to enroll our child in the Food Allergy Management Program that is made available by Maschio's Food Services, Inc., our child may be exposed to allergens which can cause our child serious medical risks. However, we have determined that we can manage 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.

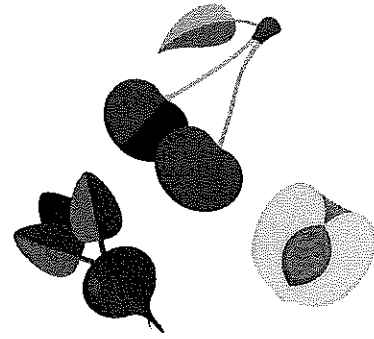
We hereby certify that we have carefully read and understand the contents of this Waiver and execute this Waiver on this _____ day of _____.
(Month, Year)

, Parent/Guardian

, Parent/Guardian



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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.

Please select and complete one of the following:

- We are allowing our child to purchase any food item sold in the cafeteria
- We are allowing our child to purchase the following food items sold in the cafeteria:

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