

**Medical Statement:
Request for Special Meals and Milk Substitutions**

School District:	School Site:
Student Name:	Grade:
	Teacher:
Name of Parent/Guardian:	Phone Number:
	Email:
<p>Check one Box:</p> <p><input type="checkbox"/> Student has a life threatening food allergy and is requesting a special meal or accommodation.*</p> <p><input type="checkbox"/> Student has Celiac's Disease and is requesting a special meal or accommodation. *</p> <p><input type="checkbox"/> Student is lactose intolerant and is requesting a milk substitution.*</p> <p><input type="checkbox"/> Student has a chewing/swallowing disorder and is requesting texture modification.*</p> <p>*Note: A licensed medical physician must sign this form.</p>	
<p>State disability or medical condition requiring special meal, accommodation or fluid milk substitution (i.e. lactose intolerance):</p> <hr/> <p>Please provide a description of major life activities affected:</p> <hr/> <p>Diet prescription or accommodation: (Please describe in detail for appropriate implementation. Attach another sheet if needed):</p> <hr/> <hr/> <hr/> <hr/>	

Foods to be Omitted/Substituted. Attach another sheet if needed:

Foods to be Omitted:	Foods to Substitute:

Parent/Guardian Signature (required):	Printed Name:
Phone Number:	Date:
Signature of Physician and Credentials (required):	Printed Name:
Phone Number:	Date:

<p align="center">For Food and Nutrition Services Use Only:</p> <p align="center"> <input type="checkbox"/> Approves Request <input type="checkbox"/> More Information Needed <input type="checkbox"/> Denies Request </p> <p>Notes:</p>	
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WAIVER OF PARTICIPATION IN ALLERGY MANAGEMENT PLAN

We have been advised by Maschio's Food Services, Inc., the Food Service Manager of the _____ school district in which our son/daughter, _____, is enrolled as a student that because our son/daughter, _____, has a life-threatening allergy, to wit, an allergy to _____, we have the opportunity to enroll him/her in a Food Service Allergy Management Plan pursuant to which (a) meal selections containing non-allergenic foods will be made available to him/her as substitutes for allergenic foods, and (b) personnel of Maschio's Food Services, Inc. will endeavor to make those substitute foods available to my son/daughter.

Notwithstanding that we have the opportunity to enroll our son/daughter, _____, in that Food Service Allergy Management Plan, for various reasons we have elected not to enroll our son/daughter, _____, in that program and the purpose of this Waiver is to memorialize in writing that decision on our part.

We are aware that our son/daughter, _____, may be exposed to medical risks as a result of our decision not to enroll him/her in the Food Service Allergy Management Plan that is made available by Maschio's Food Services, Inc., but it is our view that we can manage those medical risks without enrolling our son/daughter, _____, in that Food Service Allergy Management Plan.

By the execution of this Waiver we unconditionally waive, renounce and relinquish any claims which we might otherwise have against Maschio's Food Services, Inc. and its officers, directors, shareholders, employees and contractors and which arise as a result of an allergic reaction by our son/daughter, _____, to food products which are served to him/her by Maschio's Food Services, Inc. and which precipitate that allergic reaction.

We execute this Waiver on this _____ day of _____.
(Month, Year)

_____, Parent

_____, Parent

