



**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.

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