













## WAIVER OF PARTICIPATION IN FOOD ALLERGY MANAGEMENT PROGRAM

the school district in which our obecause our child has a life-threatening allergy, to opportunity to enroll our child in a Food Allergy N containing non-allergenic foods will be made available	c. (hereinatter, "Maschio's") the Food Service Manager of child, is enrolled as a student, that wit, an allergy to, we have the Management Program pursuant to which meal selections e to our child as substitutes for allergenic foods, and by yor 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.	
We hereby certify that we have carefully read and under on this day of  (Month, Year)	rstand the contents of this Waiver and execute this Waiver
	, Parent/Guardian
	, Parent/Guardian