

## Meal Program Safety Report & Acknowledgment Form

Student Name: _____	Date of Birth: _____	Dietary Limitation: _____
Weight: _____	Home Number: _____	Emergency Contact: _____
Mother's Name: _____	Father's Name: _____	Emergency Contact's Cell Phone: _____
Mother's Cell Phone: _____	Father's Cell Phone: _____	Physician's Name: _____
Do you authorize us to speak to your child's doctor if we have questions about this form? Yes No		Physician's Phone Number: _____
Does the student need medication? If yes, which ones? Yes No		Insurance Company: _____
Does the student need 911 Emergency Care if exposure occurs? Yes No		Member/ID #: _____

**READ CAREFULLY, ASK IF UNCLEAR, CIRCLE THE ANSWER THAT BEST DESCRIBES YOUR LEVEL OF CONCERN ABOUT OUR MEAL PROGRAM, INITIAL & EXPLAIN IF NECESSARY:**

*We care about your child and want to serve them well. We serve breakfast, snacks and lunch for 30 students, and we must confirm that our program is a good fit for all our students before confirming enrollment. While we can sometimes eliminate or replace foods from our menu with our Dietary Accommodations Request form, there are certain aspects of our meal program that cannot be changed. This form brings these to your attention to confirm we are a good fit for your little one, so we can ensure that our program, as is, can provide a safe environment for your child and their needs, this form must be completed by parents and physician when requesting meal accommodations and turned in to us at your Incidental Medical Services appointment.*

~ Our teacher prepares all snacks and meals for over 30 students in a small kitchen in less than an hour. All ingredients from our menu might be present in our meals, and **we cannot completely eliminate traces of any of the ingredients in our menu from our facility nor guarantee that there will not be cross contamination. Consequently, for safety, we cannot accommodate a severe allergy to traces of any of the ingredients in our menu.**

Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Parent's concern level:	None	Low	Moderate	High
Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Physician's concern level:	None	Low	Moderate	High

If no, please explain: \_\_\_\_\_

~ Since we can't eliminate traces of ingredients from our menu in our meals, **we cannot accommodate a serious reaction to our menu ingredients that require 911 calls when exposed.** Our teachers are not medically trained to treat a serious reaction that would require professional medical care, and they must care for a group of students at meals.

Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Parent's concern level:	None	Low	Moderate	High
Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Physician's concern level:	None	Low	Moderate	High

If no, please explain: \_\_\_\_\_

~ We **cannot accommodate a separate eating area** as all our teachers are caring and serving food to a group of students between the ages of 2 and 5.5, therefore they can't be pulled away from their group to monitor one child. **All children sit and eat together and all food is served at the table.**

Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Parent's concern level:	None	Low	Moderate	High
Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Physician's concern level:	None	Low	Moderate	High

If no, please explain: \_\_\_\_\_

~ Given that we have a large group of 30 preschoolers, we cannot monitor behavior on a one to one basis to make sure students only eat the foods provided for them. **All food for all students will be served on the table.** A certain level of **understanding and self control is needed on your child's part so they don't take and eat other food from the table.**

Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Parent's concern level:	None	Low	Moderate	High
Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Physician's concern level:	None	Low	Moderate	High

If no, please explain: \_\_\_\_\_

~ Our school provide meals to all our students based on our menu. However, **seldomly, we also provide other foods or treats not listed in our menu during special activities** like Gogurt & popsicles for birthdays, cupcakes, chocolate, jello, puddin, jelly beans, gummy candy, cookies and frostings, etc., which contain food colorings, dyes and sugars.

Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Parent's concern level:	None	Low	Moderate	High
Would your child be safe in this environment?	Yes	No	_____	Initial and indicate Physician's concern level:	None	Low	Moderate	High

If no, please explain: \_\_\_\_\_

**TO ENSURE WE ARE A GOOD FIT FOR YOUR CHILD'S NEEDS:** We rely on transparency and accurate representation of sensitivity to foods to determine safety for our students with food allergies, which is why we clearly describe our environment, customs, meal program, menu and shopping list when dietary accommodations are requested. **Even a low level of concern would create an unacceptable risk for our school, as your child's safety is #1.** Parents understand that **if an allergic reaction requires a 911 call, this is classified by law as an Unusual Incident and we are required to file an Unusual Incident Report with the Department of Social Services.** **In the event of a 911 call, your child will not be able to return to school until a new evaluation is completed to determine if we can provide a safe environment for your child.** If we determine we can not provide accommodations for an allergy more severe than what is reflected in this form, the tuition payments starting with the month following the incident will be cancelled and, for their safety, the child will be withdrawn immediately with ONLY future payments cancelled. **Our ability and limitations of what we can accommodate is clearly explained here and in our Handbook for Parents. If you understand those policies and agree to them, sign below in agreement.**

Parent's Name (print)	Parent's Signature	Date
Physician's Name (print)	Physician's Signature	Date