SPECIAL DIET VERIFICATION FORM FOR STUDENTS

The purpose of this form is to assist students and customers in meeting their dietary needs and requirements, verify that the food served conforms to the special dietary need and define the student’s responsibility in the process.

Date_________________ Semester_________________

Student Name________________________________________________________
Student PID Number___________________________________________________
Campus Address_______________________________________________________
E-mail_________________________________ Cell phone_____________________
Time student will pick up meal_________________________________________
Dining Unit(s) where student will pick up meal____________________________
Days student will pick up meal__________________________________________
First Day of special diet pick up_________________________
Last Day of special diet pick up_________________________

Allergies:________________________________________________________________________

________________________________________________________________________

Special Diet Need (Please list food items the student must avoid):_______________________________

________________________________________________________________________

Student’s responsibilities:

1. The student notifies Rosanna Nelson (nelsonr@ohio.edu) or Gail Washington (washingt@ohio.edu) in writing of their special dietary needs.
2. The student schedules a meeting with Rosanna or Gail to provide any physician’s statement, review menus and special needs, discuss the details of the program and complete the required special diet request form.
3. The student agrees that it is his/her responsibility to share all pertinent information about their special dietary need and is responsible for what they eat.
4. A determined time will be set for the student to pick up special diet meal(s) at an agreed upon location and time.
5. If a student needs to cancel a meal, the student must contact the Dining Hall manager at the location the meal is to be picked up a minimum of two hours in advance.
6. If a student fails to pick up a prepared meal three times during a semester, the special meal program will be cancelled. This will be documented on the special diet request form.
7. When the student arrives to pick up his/her special diet, the student will verify that he/she is receiving the correct special diet and that the food served conforms to his/her special dietary need. The student is encouraged to ask questions of the staff members at anytime if he/she is not satisfied with the manner in which the special meal was prepared. Staff members will make an immediate substitution and/or correction in the instance of any problem with the meal. If at any time during their meal, a student feels their needs have not been met they should contact the unit manager immediately.
8. If a student has any questions or needs to make modifications to his/her special diet, the student must contact Rosanna Nelson (740.597.2170, nelsonr@ohio.edu) or Gail Washington (740.593.2948, washingt@ohio.edu).
I have met with a Culinary Services staff member about my special diet needs. The staff member has set up a special diet program that meets my needs and has satisfactorily answered all of my questions regarding my special diet need. I agree to abide by the special diet policy and have a copy of the special diet policy for future reference.

Signature of Student_________________________________________ Date_________

Name of Student (Print here)________________________________________________

Culinary Services Staff Member Signature_________________________________________

Keep this form on file for two years and give the student a copy.
MEDICAL RELEASE FORM
OHIO UNIVERSITY CULINARY SERVICES

As a student requesting special dietary needs, I hereby consent to discuss my medical condition with the Culinary Services’ Rosanna Nelson and/or Gail Washington.

I understand that any discussion or documents provided by me will be stored by Ohio University according to law and current regulations.

Signature____________________________        Date______________