



Seminole Dining Policy For Accommodating Special Dietary Needs

Have questions? Contact Seminole Dining Dietitian:
Brittany Lord, RDN, LDN at Brittany.Lord@sodexo.com

Students with special dietary needs are expected to act as their own advocates for the purposes of communicating their dietary restrictions and needs to Seminole Dining. By initialing each statement below, you agree to commit to understanding your own personal responsibilities as they relate to your dietary needs.

As a student with special dietary needs, I understand that my responsibilities include:

- _____ Registering with the FSU Student Disability Resource Center (SDRC).
- _____ Providing my emergency care plan and medical documentation that outlines my dietary needs.
- _____ Understanding my dietary limitation(s) and following my prescribed diet to the best of my ability.
- _____ Carrying appropriate medication(s) such as epinephrine or antihistamines at all times.
- _____ Scheduling an appointment with the Seminole Dining dietitian at least once a year.
- _____ Notifying the Seminole Dining dietitian if any food allergy reactions occur.
- _____ Asking for ingredient labels or speaking with one of the dining hall managers if I have questions.
- _____ Understanding my meals may take longer to prepare than others so it may be safely prepared for my personal consumption.
- _____ Picking up my meals at the time I have specified. If I will be late, I will inform dining hall management.
- _____ Promptly notifying the Seminole Dining dietitian or dining hall manager if I have any questions or concerns.
- _____ Ensuring my contact information and any information regarding my dietary restrictions and needs kept on file with the University are current.

By signing below, I acknowledge that I have read and understand my responsibilities as a student with special dietary needs as outlined above. I understand that failure to comply with these responsibilities may result in the University unintentionally serving me food that does not meet my dietary needs.

Student Name (print): _____

Date: _____

Student Signature: _____

Please email the completed form to Brittany.Lord@sodexo.com