SPECIAL DIET ACCOMODATION FORM

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

Student Name: ___________________________  FSU Meal Plan: ______________
Student Phone Number: _______________  Student Email: _______________
Emergency Contact Name: _______________  EC Phone Number: __________

1. Student agrees for food allergy and/or other medical diagnosis to be shared with Seminole Dining staff?
   Yes ____  No ____  May we also share your picture with dining staff?  Yes ____  No ____

2. Indicate the length of time the special diet accommodations will be required.
   Ongoing ____  Temporary from __________ until __________

3. Please complete the chart below.

<table>
<thead>
<tr>
<th>“NO” Foods: (List any food allergies or intolerances)</th>
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<tr>
<th>“Yes” Foods: (Safe and preferred foods)</th>
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Preferred Default Meals: (Meals that can be prepared quickly and safely)

Breakfast:

Lunch:

Dinner:

4. Other information you would like the Seminole Dining Dietitian to know?
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

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