**Special Diet Accommodation Form**

Have questions? Contact Seminole Dining Dietitian:  
Jessica L. Brooks, RDN, LDN at [jessica.brooks2@sodexo.com](mailto:jessica.brooks2@sodexo.com)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FSU Meal Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.**

“NO” Foods: (List any food allergies or intolerances)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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“Yes” Foods: (Safe and preferred foods)

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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?

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Please email the completed forms to [jessica.brooks2@sodexo.com](mailto:jessica.brooks2@sodexo.com)