Special Diet Accommodation Form

Have questions? Contact Seminole Dining Dietitian:
Jessica L. Brooks, RDN, LDN at 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)
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   “Yes” Foods: (Safe and preferred foods)
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

**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 jessica.brooks2@sodexo.com