

CADET DIETARY RESTRICTION FORM

Name:		Date:	
Email:		Phone:	
Parent Contact		Emergency Contact	
Name:		Name:	
Email:		Relationship:	
Phone:		Phone:	
Alternate phone:		Alternate phone:	
FOOD ALLERGY (supporting medical documentation required for each food allergy)			
Specific Allergens:			
Reaction/Severity:			
Do you carry a prescribed epi pen injector?			
History of allergic reactions:			
Specific foods/brands avoided:			
Safe Foods:			
OTHER DIETARY RESTRICTIONS (Religious, special diet, etc)			
Specific foods/brands avoided:			
Safe Foods:			
ACTION PLAN FOR SEVERE ALLERGIES (To be completed by Dining Manger)			
Food Allergy Team:			
Point Person for Dining Questions:			
Reasonable Accommodations Discussed with Student:			
Self-Management:			

(Instructions: Download, complete, and e-mail to Kasee Haugen (khucks@citadel.edu) in the Commandant's Ofc.)