DINING SERVICES
AT BRYN MAWR COLLEGE

INDIVIDUAL DIETARY NEEDS FORM

Student Name: ___________________________________ Class of ________
Cell number: (____) ____-______ Email: ___________________________ College ID Number: ________________

Food Allergies/Intolerance(s) or Health Conditions that require a special diet:______________________
____

Emergency Contacts:
Call Campus Safety, BMC 610-526-7911 for severe allergic reaction
Medical doctor:____ Phone: (____) ____-_______
Parent/Guardian: ____ Phone: (____) ____-_______
Other Emergency Contact:_________________________________ Relationship to student: __________________
Phone: (____) ____-_______

Student reports they carry an EPI pen: ☐Yes ☐ No

Student requests to participate in non-confidential email list to notify of Dining Services updates sensitive to those with food allergies or special diet needs: ☐Yes ☐ No

Needs to Avoid:

Special Instructions:

Additional Notes:

☐ I verify this information is complete and accurate and will be updated by the student if changes apply.
Name of person who completed the form:_______________________________ Date: ______________

Natalie Zaparzynski, Campus Dietitian
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