

Special Meal Request Form

Student Name:

Contact Email:

Contact Phone Number:

Student I.D.#

House Name:

Do you have a medical condition that requires a special meal?

Circle One: YES NO

Do you carry an EpiPen?

Circle One: YES NO

Do you wear a medical alert bracelet?

Circle One: YES NO

Do any of the following apply to your special meal request?

Please circle all that apply:

Vegetarian Vegan No Dairy No Eggs No Nuts

Gluten Free Celiac No Fish No Shellfish

Other:

Please list all foods you would like to avoid:

Please list all foods that trigger an allergic reaction:

***if your medical condition rises to the level of a disability, please visit the CASS website

<http://www.cass.caltech.edu/>