



2017 Summer Conferences Special Diet Request

Group Name: _____ Group Dates: _____

Attendee Name: _____ Parent (if applicable): _____

Contact Phone: _____ Email: _____

Address: _____

Do you have a food allergy? **Y** **N**

Is your food allergy anaphylactic and/or do you carry an epipen? **Y** **N**

Is your food allergy airborne? **Y** **N** Do you react to your allergen upon skin contact? **Y** **N**

Allergy or Special Diet Details:

***Please note:**

You must notify your Conference/Camp Director of your special diet request.

If accommodations are necessary, it is the responsibility of the attendee to connect with a member of the Dining Hall management team prior to each meal.

R&DE Stanford Dining also has a Nutritionist available to assist in more complicated or severe cases, such as multiple food restrictions or anaphylactic/airborne allergies. Please contact nutritionist@stanford.edu for further guidance.

Disclaimer: While we take many precautions to correctly identify ingredients and prevent cross-contact, we do not guarantee the absence of potential food allergens in our food or facilities. It is, therefore, ultimately the responsibility of the individual to judge whether or not to question ingredients or consume food items.

Attendee or Parent Signature: _____ Date: _____

Office use only

Dining Hall: _____

Dining Hall Manager: _____

Notes: _____