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: ___________________________________________________________________