

## Procedures for Allergies and Nutritional Accommodations for Medical Reasons

1. The Oswego Dining Services registered dietitian will meet with the student and/or parent(s) to discuss the student's specific dietary needs. At this meeting:
  - The Oswego Dining Allergies and Dietary Accommodations Request Form will be discussed and completed. Please be sure to bring your documentation from your medical doctor concerning your food allergy.
2. The online menu and app will be explained. This program provides nutritional information including allergens.
3. After this initial meeting, Oswego Dining Services registered dietitian will:
  - Contact the management team of the dining center that the student will frequent most often and inform them of the student's specific dietary accommodations.
  - Coordinate a meeting with the student and the dining center manager as soon as the student arrives on campus at the start of the semester.
4. At the initial meeting between the student and the dining center manager, the dining center manager will:
  - Take the student on a tour of the dining center. This tour will include food storage and production areas, service and self-access locations for specialized foods and equipment and will highlight areas of concern for the specific diet concern.
  - Introduce the student to other members of the dining center management team. This will ensure the student is familiar with whom to ask questions.
  - Identify specialized signage and location of signage for menu and/or ingredient alerts.
  - Review the instructions on the use of the online menu and app.
  - Answer any questions/concerns the student may have.
5. After the initial meeting between the student and the dining center manager:
  - The dining center manager will inform the dining center staff of the dietary accommodations.
    - Oswego Dining Services is committed to providing updated and ongoing training to our staff to safely prepare and serve foods to students with special dietary needs.
  - On request from the student:
    - The dining center manager will provide recipe information and ingredient/label information to the student.
    - The dining center manager will be available throughout the semester to assist the student with any questions/concerns.
    - Oswego Dining Services will provide nutrition information including allergen information via the mobile app and website.
  - Oswego Dining Services registered dietitian will contact the student periodically throughout each semester to ensure the student's dietary needs are being fulfilled. If the student has concerns or issues, the student, dining center manager and the Oswego Dining Services registered dietitian will work together to address the concerns and agree on a resolution.
  - **Auxiliary Services & Oswego Dining Services cannot guarantee the safety of students with life threatening allergies.**

## Medical Statement for Students Requesting Dietary Accommodations for Medical Reasons

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Campus Address and Phone

Number \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Medical Doctor Name: \_\_\_\_\_

Medical Doctor Address and Phone

Number: \_\_\_\_\_

\_\_\_\_\_

### For Medical Doctor Use Only

Food Allergies and Medical Conditions (please check all that apply)

Food Allergy to:  Dairy  Egg  Fish  Peanut  Shellfish  Soy  Tree Nut  Wheat  
 Other (Please specify)  Gluten intolerance

Other Medical Conditions requiring Dietary Accommodations (Please specify):

\_\_\_\_\_

\_\_\_\_\_

Diet Prescription: Foods Omitted and Substitutions

Please list specific food (s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

Omitted Foods

Substitutions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate Length of Time Special Dietary Accommodations will be required

Ongoing  Temporary Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I certify that the above named students needs special dietary accommodations as described above, due to the student's food allergies and/or medical conditions.

Medical Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_