



# REQUEST FOR DIETARY ACCOMMODATION



## Resources for Students

Sodexo Dining Services offers a variety of options related to dietary needs. Standard food selections are offered that meet the needs of students seeking allergy accommodated, vegetarian, vegan and gluten free diets (to name just a few). During the academic year, students are encouraged to speak with any of the Sodexo Management Team. They may also refer to the Sodexo Website to identify nutritional content:

Weekly Menus: <https://bethanycollege.sodexomyway.com/dining-choices/index.html> or on the Bite by Sodexo App

At any point in the semester, students can schedule an informal dietary consultation with Walli Ellis. This consultation can address questions regarding food preparation, discuss standard ingredients and provide an orientation of what is offered at the various stations.

If students have questions at any time regarding available options, ingredients, or cooking methods, it is important that they ask a member of the management.

## Documentation Guidelines

Students who have dietary needs or food allergies may request reasonable accommodations related to their meal plan. To do so, please use the **Dietary Accommodation Request Form** attached to this sheet. Dining services will work with the student to develop a reasonable and individualized plan to address accommodation needs. Choices within this plan will be nutritionally comparable to the food choices offered to other students to the extent that it is reasonable possible.

**Documentation:** This documentation should describe:

- ✓ The condition requiring the accommodation
- ✓ The current impact and severity of the condition
- ✓ A listing of types of food the student is to avoid with corresponding severity of reaction
- ✓ A listing of acceptable food options

This information should be forwarded to Walli Ellis through the e-mail listed below. This documentation will be reviewed by Sodexo Dining Services. Upon receipt of all documentation, a follow-up meeting may be scheduled to discuss specific needs and establish a plan. **Due to the severity of some allergic reactions, it may be necessary to inform appropriate staff of dietary restrictions.**

**Contact information is listed below:**

<p>For general questions related to Sodexo Dining Services please contact one of the following people:</p> <p>Kevin McCoy Sodexo – General Manager <a href="mailto:mccoyk@bethanylb.edu">mccoyk@bethanylb.edu</a></p> <p>Walli Ellis Sodexo – Production Supervisor <a href="mailto:thecaf@bethanylb.edu">thecaf@bethanylb.edu</a></p> <p>Natalie Nelson Sodexo – Administrative Assistant <a href="mailto:nelsonn@bethanylb.edu">nelsonn@bethanylb.edu</a></p> <p>Campus Phone – ext. 8154 Phone – 785-227-3953</p>	<p>For questions regarding general meal plan options please contact:</p> <p>Tessa Peters Director of Residential Education &amp; Services 335 E Swensson Lindsborg, KS 67456</p> <p><a href="mailto:peterst@bethanylb.edu">peterst@bethanylb.edu</a> Campus phone – ext. 8183</p>
--	---


































# REQUESTING A DIETARY ACCOMMODATION

To request a dietary accommodation fill out the information below as completely as possible. If needed please add additional information on the back of this form.

Your request and supporting documentation will be reviewed by Sodexo Dining Services. **This information may be shared with key Sodexo Dining Services staff members on a need to know basis.** A follow up meeting may be scheduled to discuss specific needs and establish a plan.

Written requests should be submitted as early as possible to allow adequate time to make arrangements as appropriate.

Student Name: _____	Date: _____
ID number: _____	
Phone Number (_____) _____	E-mail Address: _____
Have you communicated with Support Services and provided medical documentation (circle)      YES      NO	

<p style="text-align: center;"><b>Food Allergies and Medical Conditions</b> (please check all that apply)</p> <p style="text-align: center;"><b>Food Allergy is:</b></p> <p>[ ] Gluten/Wheat      [ ] Eggs</p> <p>[ ] Dairy      [ ] Soy</p> <p>[ ] Peanuts      [ ] Fish</p> <p>[ ] Shellfish      [ ] Tree nuts</p> <p>[ ] Other (please specify): _____ _____</p> <p>[ ] Gluten Intolerance</p> <p>Other Medical Conditions requiring Dietary Accommodations (please specify): _____ _____</p> <p>Do you carry a prescribed epi pen? _____</p> <p>Religious/Ethnic Dietary Accommodations (please specify): _____ _____</p>	<p style="text-align: center;"><b>Please indicate what type of reaction or severity of your allergy/intolerance by circling any of the symptoms illustrated below.</b></p> <table style="width: 100%; text-align: center;"> <tr> <td> <b>LUNG</b> Short of breath, wheezing, repetitive cough</td> <td> <b>HEART</b> Pale, blue, faint, weak pulse, dizzy</td> <td> <b>THROAT</b> Tight, hoarse, trouble breathing/swallowing</td> <td> <b>MOUTH</b> Significant swelling of the tongue and/or lips</td> </tr> <tr> <td> <b>SKIN</b> Many hives over body, widespread redness</td> <td> <b>GUT</b> Repetitive vomiting, severe diarrhea</td> <td> <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion</td> <td><b>OR A COMBINATION</b> of symptoms from different body areas.</td> </tr> <tr> <td> <b>NOSE</b> Itchy/runny nose, sneezing</td> <td> <b>MOUTH</b> Itchy mouth</td> <td> <b>SKIN</b> A few hives, mild itch</td> <td> <b>GUT</b> Mild nausea/discomfort</td> </tr> </table> <p><b>Other Symptoms:</b> _____</p> <p><b>Are your Symptoms Mild, Moderate or Severe?</b></p>	 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips	 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.	 <b>NOSE</b> Itchy/runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea/discomfort
 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips										
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.										
 <b>NOSE</b> Itchy/runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea/discomfort										

I give permission for all essential Sodexo employees to be advised of my food allergies and symptoms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date