



# ALMA COLLEGE

## Student Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Campus address \_\_\_\_\_  
*Residential Hall* *Student Number*

\_\_\_\_\_ *Meal Plan* *Class standing*

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergen(s): \_\_\_\_\_

Allergen Severity: \_\_\_\_\_

EPI Pen: **YES** **NO**

Allergen Triggers: **Air borne** **Ingestion** **Cross Contamination** **Direct contact**

Do you wear a Medical Bracelet? **YES** **NO**

Would you like to meet with a Chef and/or Dietitian about your Dietary needs **YES** **NO**

OTHER: \_\_\_\_\_



### List common food choices you eat during the following meal periods

**Breakfast** \_\_\_\_\_

\_\_\_\_\_

**Lunch** \_\_\_\_\_

\_\_\_\_\_

**Dinner:** \_\_\_\_\_

\_\_\_\_\_