



REQUEST FOR DIETARY ACCOMMODATION

BETHANY COLLEGE LINDSBORG, KS

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 accommodations, 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: [Bethany College Dining Services \(sodexomyway.com\)](http://Bethany College Dining Services (sodexomyway.com)) or on the Everyday App. Available at (Everyday.sodexo.com)

At any point in the semester, students can schedule an informal dietary consultation with our production supervisor who will coordinate with a Registered regional Sodexo Dietician. **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 accommodation related to their meal plan. To do so they will need to fill out a copy of this Dietary Accommodation Request Form. Dining services will then direct the student to consult with dietitian and coordinate to develop a reasonable and individualized plan to address their needs. Choices within this plan will be nutritionally comparable to the food choices offered to the other students to the extent that is reasonably possible by dietary staff.

Documentation needing to be obtained

- Dietary Accommodation Request Form
- Description of the medical condition including severity of the reaction associated with the condition.

- List of types of food the student is to avoid obtained after consulting with Sodexo Dietitian
- List of acceptable food options or revised dietary meal options obtained after consulting with Sodexo Dietitian

This information should be delivered in person to the General Manager or Executive Chef or can be emailed to the email listed below. The documentation will then be reviewed by the Sodexo Dining Services team, and training will be provided to staff on proper steps to achieve the meal plan. **Please inform dining staff of your accommodation upon arrival to ensure proper procedures are followed and special dietary requirements are met.**

Sodexo Dining Services Contact

Ashley Morrell

General Manager III

ashley.morrell@sodexo.com

785-227-3953 ext. 8154

Bethany College Contact

Josh Doak, Ed.D.

Dean of Student Affairs

Pihlblad Memorial Union

doakjj@bethanylb.edu

785.212.1432

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	

Food Allergies and Medical Conditions (Please check all that apply) Food Allergy is: [] Gluten/Wheat [] Eggs [] Dairy [] Soy [] Peanuts [] Fish [] Shellfish [] Tree nuts [] Other (please specify): _____ _____ [] Gluten Intolerance Other Medical Conditions requiring Dietary Accommodations (please specify): _____ _____ Do you carry a prescribed epi pen? _____ Religious/Ethnic Dietary Accommodations (please specify): _____ _____	Please indicate what type of reaction or severity of your allergy/intolerance by circling any of the symptoms illustrated below. <table border="1" style="width: 100%; text-align: center;"><tr><td> LUNG Short of breath, wheezing, repetitive cough</td><td> HEART Pale, blue, faint, weak pulse, dizzy</td><td> THROAT Tight, hoarse, trouble breathing/swallowing</td><td> MOUTH Significant swelling of the tongue and/or lips</td></tr><tr><td> SKIN Many hives over body, widespread redness</td><td> GUT Repetitive vomiting, severe diarrhea</td><td> OTHER Feeling something bad is about to happen, anxiety, confusion</td><td rowspan="2">OR A COMBINATION of symptoms from different body areas.</td></tr><tr><td> NOSE Itchy/runny nose, sneezing</td><td> MOUTH Itchy mouth</td><td> SKIN A few hives, mild itch</td><td> GUT Mild nausea/discomfort</td></tr></table> Other Symptoms: _____ Are your Symptoms Mild, Moderate or Severe? _____	 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/or lips	 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.	 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
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I give permission for all essential Sodexo employees to be advised of my food allergies and symptoms.

Signature

Date