ANDERSON UNIVERSITY FOOD ALLERGY POLICY

Student Name:	Date of Birth:	ID#	
Food Allergy/Allergies:			
AU Food Services desires to make a	ervices desire to provide all student accommodations for patrons with spon- free food as long as those accomm	ecial dietary needs. AU Foo	od Services will make
 Self-report his/her food alle Provide documentation of a Contact the Director of Dini Student will be responsible Student should wear emerged Student will carry prescribe If student experiences a proor Head Chef. 	siring accommodations related to regy/allergies to the Director of Dinirullergy/allergies from an appropriate and Services, AU Food Services, and for managing his/her allergy/allergies gency medical identification as required medication at all times for self-adipoblem with AU Food Services, studed with AU Food Services, then the steed concerns.	ng Services, AU Food Servi medical professional to the discuss his/her food allerges. red by condition. ministration (if applicable). nt will immediately notify a	e Dean of Students. gy concerns. a Food Service Manager
 Provide student with access Clearly label food products The Director of Dining Serv Provide student access to one 	od free from common allergens. s to the menu at least one week in a		
allergies and trains food production	nmitted to identifying ingredients the staff regarding safe handling proce he possibility exists that manufacture ledge of Food Services personnel.	dures to minimize risk. Ho	wever, there is always a
	ervices are not responsible for food will assume no liability for adverse re ity dining establishment.		
I have read and understand the info	ormation provided to me.		
Student Name			

This form must be submitted to the Dean of Students by August 1.

Student Signature _____ Date ____

The Dean of Students may be contacted by calling 765-641-4219. The Director of Dining Services may be contacted by calling 765-641-4262.

Revised April 25, 2017