

Oglethorpe Food Allergy Notification & Request for Accommodation Form

Name: _____ Student ID: _____

OU Email: _____ Phone: _____

Status: Incoming Student Current Student; Residence: _____

Please indicate food allergy and describe severity and symptoms:

Milk _____

Eggs _____

Fish _____

Shellfish _____

Tree Nuts _____

Peanuts _____

Wheat/Gluten _____

Soy _____

Sesame _____

Do you carry an epipen? [] Yes [] No

Are any of your allergies airborne? Yes No

In order to be considered for a modification or accommodation, Oglethorpe requires confirmed documentation from a medical doctor. After receipt and evaluation, the Accessibility Office will contact you and you will be asked to submit a note confirming accommodations needed for food allergy. Your doctor may also be asked to assist in establishing an individual emergency plan.

I understand that by signing this form I also authorize Oglethorpe University to communicate and share information regarding my request for special dietary modifications, and any emergency plans necessary in response to an allergic reaction, with appropriate staff in Dining Services, Campus Life (including RAs), Campus Safety, and Athletics (for student-athletes). This may include information provided in my supported medical documentation. All communications will be limited to information specifically related to the request for special dietary modifications and emergency plans.

Signature: _____ Date: _____

Please submit completed form to: accessibility@oglethorpe.edu

Office of Accessibility, Oglethorpe University A_LAB, Turner Lynch Campus Center