

## SPECIAL DIETARY NEEDS & MANAGING FOOD ALLERGIES

We are committed to providing students with Special Dietary Needs or Food Allergies the necessary information and individualized services to aid in their choices when dining on campus.

### Alyssa Koopman, MS, RDN

Laker Food Co. Dietitian

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616.331.8989

### Campus Dish

You can learn more about dining options on campus with the Campus Dish online tool.

### Student Medical Statement

Fill out the Student Medical Statement. Submit the completed document to the Laker Food Co. office located in the lower level of The Commons (100 Commons).

GVSU Laker Food Co. is committed to providing an allergy friendly dining experience. However, the ingredients and nutritional content of food items served in the Laker Food Co. locations may vary. In addition, manufacturers may change their product formulation or consistency of ingredients without our knowledge, and product availability may fluctuate. While we make every effort to identify ingredients, we cannot assure against these contingencies. It is ultimately your responsibility to determine and select foods that are safe for your specific diet.

## Student Medical Statement: Dietary Accommodations

Student Name

Phone Number

Email

Campus Address/Building

Permanent Address

City

State

ZIP Code

Emergency Contact Name

Relationship

Phone Number

Medical Doctor Name

Address & Phone Number

Food Allergy: \*Do not mark wheat allergy for celiac or gluten sensitivity

☐ Wheat ☐ Dairy ☐ Egg ☐ Soy ☐ Fish ☐ Shellfish ☐ Peanut

☐ Tree Nut (specify) \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Celiac ☐ Gluten Intolerance ☐ Other Intolerance: \_\_\_\_\_

Other Dietary Accommodations: \_\_\_\_\_

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### Diet Prescription: Reactions & Food Substitutions

Please specify what type of contact will cause a reaction

☐ Airborne ☐ Trace Cross Contact ☐ Ingestion of Food ☐ Touching Foods

Severity of Reaction: \_\_\_\_\_  
\_\_\_\_\_

Please list Specific Food(s) that may be substituted, attach an additional sheet if necessary.

Food Substitutions: \_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I Certify that the above named student needs special dietary accommodations as described above, due to the student's food allergies and/or medical conditions.

Medical Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_