

REQUEST FOR DINING ACCOMMODATIONS

Luther College is a residential campus and we are committed to full inclusion of students with disabilities into every aspect of college life. Students living in residential housing at Luther College must sign up for a meal plan. Students with food allergies or other conditions that limit what they can and cannot eat will be reasonably accommodated in our dining halls.

Please note that exemptions from meal plans are rare, and will only be considered on a case-by-case basis. If a student requests a release from the meal plan requirement, the student should be aware that dietary restrictions do not always constitute a valid reason for canceling a meal plan contract. If Dining Services is not able to accommodate the student's special diet based on their documented health conditions, only then would a dining exemption be considered. Accommodations that can be provided by a change of housing assignment for eligible students will be offered an option pending availability.

Please note that this policy only applies to students whose food allergies or medical condition are diagnosed and documented by a licensed medical provider. This policy does not apply to students with specific food preferences based on lifestyle choices, ex. vegans or vegetarians. A variety of options are available in the dining halls for those who choose to eliminate certain foods from their diet.

In order to request dining accommodations, the student must:

- Complete Form 1
- Have your medical provider complete Form 2. This form must be submitted by an appropriate medical professional who is not related to the student.
- Register with the Disability Services and work jointly with the Disability Services Coordinator and Dining Services to arrange appropriate dietary accommodations. A food modification plan will be completed and implemented based upon the recommendation of your medical provider.
- Submit all documentation to the Disability Services located in Preus Library, Suite 108. Forms may be faxed to 563.387.1411 or emailed to Ann Smith, Director of Disability Services at disabilityservices@luther.edu.

All requests will be considered by representatives from Disability Services and Dining Services. You will be notified via email regarding how to proceed with your accommodated meal program.

FORM 1

Medical Statement for Students Requesting Dietary Accommodations for Medical Reasons

To be completed by student:

Student Name _____

Campus Address _____

Email address _____

Name of doctor _____

Diagnosis _____

Release of Information and Statement of Understanding

Please review the following and provide your initials on the lines below:

_____ I have read and understand the Luther College procedures for requesting dining accommodations, and I agree to the terms and conditions.

_____ I understand that incomplete forms will not be considered. A completed request consists of completion of Form 1 and Form 2

_____ I understand that that my personal medical information will be shared on a “need to know” basis with Dining Services.

_____ I have the right to inspect and receive copies of my personal medical documentation.

_____ My signature indicates that all information I provide and submit is true and accurate. I acknowledge that providing false information will result in denial of my request. Providing fraudulent documentation is a violation of the Student Code of Conduct and may result in disciplinary action.

By my signature below, I give my consent to Disability Services to contact my medical provider if additional information is needed. Any such discussion will focus on the disability disclosed on this form only.

Student Signature _____ Date _____

Student ID# _____

FORM 2 - MEDICAL REQUEST FOR DIETARY ACCOMMODATIONS

Student's treating physician completes this section. All items are required. Please print legibly.

Your patient, the student named below, is seeking dining accommodations due to a medical condition. Students seeking dining accommodations must have a diagnosis that makes these dietary modifications medically necessary. No accommodations will be made regarding food preferences.

Today's date: _____ Physician's Name (please print): _____

Student Name: _____

Diagnosis (please include code): _____

Date of diagnosis and date of onset: _____

Date of last visit for condition(s): _____

Date of most current evaluation: _____

For Allergies:

Patient is allergic to: (Please check all that apply)

Dairy _____ Egg _____ Fish _____

Peanuts _____ Shellfish _____ Soy _____

Tree Nuts _____ Wheat/Gluten _____

Other (please specify) _____

If there is another medical condition that requires dietary accommodations, please specify here:

Please provide a list of food items that must be omitted from your patient's diet and a list of safe and appropriate substitutions:

OMMITED FOOD	SUBSTITUTION (if applicable)
_____	_____
_____	_____
_____	_____
_____	_____

Recommendations for health care and symptom management for the above condition(s) while on campus:

I certify that the above-named patient (who is a student at Luther College) needs special dietary accommodations as described above due to a diagnosed food allergy or medical condition. My signature verifies that I am currently treating this patient, and that the above information is true and accurate.

Name: _____ Address: _____

License #: _____ Phone Number: _____

Signature: _____ Specialty: _____

Thank you for taking time to complete this information. Please return this form (and any additional information or attachments) directly to Disability Services via fax at 563-387-1411 or mail to Disability Services at the address below.

Ann Smith, Director of Disability Services, Luther College | Preus Library 108, 700 College Drive, Decorah, IA 52101. Email: disabilityservices@luther.edu. Phone Number: 563-387-1270.