

**Great Living Through Greater Choices @ Bi-Co Dining Services**

Student Name: \_\_\_\_\_ College:  Bryn Mawr  Haverford, Class of \_\_\_\_\_  
 Cell number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_ College ID Number: \_\_\_\_\_

Food Allergies/Intolerance(s) or Health Conditions that require a special diet: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

**Call Campus Safety**, BMC 610-526-7911 or HC (610) 896-1111, for severe allergic reaction

Medical doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Student reports they carries an EPI pen:  Yes  No

Student requests to participate in non-confidential email list to notify of Dining Services updates sensitive to those with food allergies or special diet needs:  Yes  No

**Needs to Avoid:**


**Special Instructions:**


**Additional Notes:**


I verify this information is complete and accurate and will be updated by the student if changes apply.  
 Name of person who completed the form: \_\_\_\_\_ Date: \_\_\_\_\_

**Inter Departmental Information**

Date of Initial Interview: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Circle locations student uses: BMC [Erdman / NDDH / Uncommon Grounds] Haverford [DC / The Coop]

To ensure absolute confidentiality, please mail the form to:

Natalie Zaparzynski, Dining Services, Bryn Mawr College, 101 North Merion Avenue, Bryn Mawr, PA 19010

**If confidentiality is not required please email this form to the Bi-Co Dietitian at [nzaparzyns@brynmawr.edu](mailto:nzaparzyns@brynmawr.edu)**