



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 she/he 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 / Haffner / Uncommon Grounds] Haverford [DC / The Coop]