



Food Allergen Release of Health Information

I, _____ give my permission to Springfield College Health Center to communicate health-related information, as it pertains exclusively to my dietary needs for reasonable accommodations, to the College's Dining Services, Public Safety Officers (responding Emergency Medical Technicians). The purpose of this Release of Health Information is to facilitate on-campus food allergen avoidance and emergency care of allergic reactions to food should it be necessary.

Students' Responsibility

- 1) Schedule a meeting with our Food Service Director, Operations Director and/or Executive Chef to develop a plan so you can navigate the dining hall.
- 2) Be proficient in the self-management of your food allergy(ies)
- 3) Avoidance of foods to which you are allergic
- 4) Recognition of symptoms of allergic reactions
- 5) Know how and when to tell someone you might be having an allergy-related problem
- 6) Know how to properly use prescribed medications to treat an allergic reaction
- 7) Carry emergency contact information with you
- 8) Review policies/procedures with Dining Services, and your physician, should a reaction occur

Student Signature: _____ Date: _____

Print Name: _____ ID# _____

Date of Birth _____

Witness Signature _____ Date: _____

Witness Print Name: _____