

Meal Plan, Dietary, & Emergency Medical Information

Personal Information

▶
Last Name _____ First Name(s) (Circle preference) _____ Student Number _____

Meal Plan

Step One: Please indicate which meal plan option you would like:

- Option 1 7 day/week meal plan (all day dining, all you can eat meals)
Option 2 5 day/week meal plan, Monday- Friday (all day dining, all you can eat meals)
Option 3 5 day/week meal plan, Sunday dinner - Friday lunch (all day dining, all you can eat)

Step Two: Please indicate if you have any dietary requirements:

- Are you a vegetarian? No Yes
Are you a vegan? No Yes
Do you require halal food? No Yes

Do you follow a medically prescribed diet or have any food-related allergies/problems of which the College's food service staff should be advised? No Yes If yes, please explain:

Emergency Contact Information

Please indicate who you would like us to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

City & Country: _____ Email: _____

Medical Information

Please describe any medical conditions of which the College should be made aware (i.e. asthma, diabetes, drug/food allergies, medications, anxiety, depression, etc.). ***Confidential***

Accessibility Services

If you are a student with a disability and require related accommodations, please check here: _____

Please note: it is important that you register with UofT's Accessibility Services as soon as possible. The qualified staff at Accessibility Services will assess your needs and forward their recommendations to our office. For an appointment email: disability.services@utoronto.ca or call 416-978-8060.

**Return to: The Office of the Dean of Students, 81 St Mary Street,
Toronto, ON, Canada, M5S 1J4 Fax 416-926-2268**