

Attachment E
Letter of Instruction for Summer Program Dining Accommodations

To Whom It May Concern:

Welcome to UC San Diego. My name is Elizabeth Shaw and I am the Registered Dietitian with the on-campus dining department you (or your child) will be dining at this summer. UC San Diego is able to accommodate medically necessitated dietary needs. Our highly trained culinary team is well versed in the top food allergens and will do their best to ensure your dining experience here on campus is not only safe but nutritionally balanced. Additionally, we make it our goal to maintain a peanut-free dining environment each summer season.

In order to facilitate a safe dining process, you will need to complete the form attached in this packet. You can fax or mail this form to your Conference Coordinator who will forward a copy to me. Also, please communicate your (or your child's) allergen needs to your summer program coordinator. This will help to make sure all are aware of your (or your child's) dietary needs, especially when meals are ordered outside of the dining unit through our catering department.

After I receive the documentation, I will work with you (or your child) and the culinary units to accommodate your dietary needs. Once your program begins, you (or your child) will need to identify yourself to a dining unit MANAGER when entering the dining hall and state your particular food allergy/dietary needs. The manager will then notify the chef of special dietary needs and food will be prepared in the allergen free zone in the back of the house.

Should you have any questions pertaining to our dietary procedures here at UC San Diego do not hesitate to contact me directly. We wish you the best experience in participating in a summer program here at UC San Diego and will provide you (or your child) with a great dining experience.

Respectfully,

Elizabeth Shaw, MS, RD
Registered Dietitian, Housing Dining Hospitality
UCSD HDH Administration Building, Office #307
9500 Gilman Drive – 0351
La Jolla, CA 92093
W: 858-534-2008
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Attachment E

Documentation Form for Medical Conditions/Food Allergies

I, _____, (Print name) as the Participant [Parent/Guardian of
 _____ (Print name of child/DOB)] authorize the medical provider
 listed below to communicate with Housing, Dining, and Hospitality (HDH) at UC San Diego regarding
 my (child's) medical condition and its impact on my (his/her) ability to participate in programs on the
 UC San Diego campus. This includes any allergies (including food allergies). I understand I have the
 right to refuse to sign this form, but understand that HDH cannot provide support in the absence of
 current documentation/collaboration with my (child's) health care providers. I also understand that I
 may revoke my consent at any time (except to the extent that information has already been
 released.) This revocation must be delivered in writing to the medical provider listed below. This
 consent will automatically expire within six months from the date of my signature.

Participant Signature _____

Parent/Guardian Signature (under 18 years old) _____

Date _____

Request for Medical Information

In order to verify the disability, its severity, its impact on one or more major life activities, and to determine reasonable accommodations, your diagnosis and assessment of this individual is needed. HDH will employ their best efforts to maintain confidentiality and will only share information with Dining personnel, as is necessary to accommodate the participant's needs.

Name/Title of Certifying Professional (Please Print) _____

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Signature _____ Date _____

Name of Participant: _____

1. What is the diagnosis(s)/impairments that you are currently treating?

2. Describe the individual's specific and current functional limitations.

3. Does the individual carry an inhaler for asthma and/or an epi-pen for extreme allergic reactions?

YES

NO

4. Although reasonable accommodations will be determined by HDH based upon the limitations outlined above, please feel free to recommend specific accommodations.

Please return this completed form to:

Suzette Olguin
Housing•Dining•Hospitality
Conference Services
858.534.7434 (fax)
solguin@ucsd.edu

Accommodations cannot be considered until this form is completed. Please submit completed forms **a minimum of two weeks in advance** of participation in activities at UC San Diego.