Sick Tray Request Form

Student requesting meals please fill out this part:

Name:________________________________________
Hall:________________________________________
Room Number:_________________________________
Phone Number:_________________________________
Date:_________________________________________

Meal requested:   breakfast      lunch     dinner (please circle one)

Please fill out top of form and give your ID card to the person picking up your food. This is good for only one day of meals.

Student picking up meals for sick student please fill out this part:

Name:________________________________________
Hall:________________________________________
Room Number:_________________________________
Phone Number:_________________________________

You will need to show your ID and bring this form, along with the sick student’s ID card, to the cashier at the dining hall. This service is valid at either the SUB or Hasbrouck Dining hall during regular scheduled meal times.

Dining Hall/ Food Service Staff receiving this form, fill out this part:

Date:_______________________________________
Time:_______________________________________
Location:____________________________________
Staff initials:_______________________________

Please check the students ID card (who is picking up the meals) and indicate the time, date, location and initial verifying the ID of person picking up the food. If student is picking up food at the SUB please attach receipt to this form. This form will be collected every Monday and given to Residence Life to check if student was sick.

If a student is found abusing this protocol in any way, judicial action will be taken.