Student/Attendee Allergy Form

Today's Date: ______________________

Program/Course Name: ____________________________

Student/Attendee Information

Last, First Name: ____________________________________________

Email Address: ______________________________________ Phone Number: ______________________

Please review Brown Dining Services’ Food Allergy Policy and Food Allergy Disclaimer before filling out the allergy information.

I am allergic to the following:

☐ Milk ☐ Tree Nut
☐ Egg ☐ Fish
☐ Soy ☐ Shellfish
☐ Wheat ☐ Gluten
☐ Peanut ☐ *Other

*If other, please specify below:

____________________________________________________________________________________

I have the following dietary/religious preference (i.e. vegetarian, vegan, kosher): ____________________________

____________________________________________________________________________________

☐ I have read and agree to the terms of Brown Dining Services’ Food Allergy Policy and Food Allergy Disclaimer.

Please return this form to:
Brown University
Box T, 200 Dyer Street
Providence, RI 02912
Phone: 401-863-7900
Fax: 401-863-3916

SPS OFFICE USE ONLY
Date(s) of Event
Location of Event
Internal Use Only
Catering/Kitchen