


Medical Statement for Guests Requiring Special Dietary Assistance

 MIAMI UNIVERSITY <small>1809</small>	Participant Name	
	Conference/Camp Name	
	Conference/Camp Date(s)	
	Email Address	
	Mobile Phone	
	Parent, Guardian, or Emergency Contact	
	Name	
	Home Phone	Work Phone
Email Address	Mobile	

Medical Disease & Condition
(Check all that apply)

<input type="checkbox"/> Dairy Allergy	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Gluten Intolerance
<input type="checkbox"/> Corn Allergy	<input type="checkbox"/> Dermatitis Herpeform	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Diverticular Disease	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> Fish Allergy	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> PKU
<input type="checkbox"/> Shellfish Allergy	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Oral Surgery
<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> Short Bowel Syndrome	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Tree Nut Allergy	<input type="checkbox"/> Leak Gut Syndrome	_____
<input type="checkbox"/> Wheat Allergy	<input type="checkbox"/> Lactose Intolerance	_____

Food Omitted and Substitutions
Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

Omitted Foods	Substitutions
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments/Remarks

I certify that the above named participant needs special dietary assistance as described above, due to the participant's medical disease and/or condition.

Guest or Guardian (if under 18 years of age) Signature **Date**

Return to: Attn: Pamela Vanness
 Conference Services
 c/o Cook Place
 Oxford, OH 45056
 Fax: 513/529-5410
 Office: 513/529-4934

For Office Use Only
Resident Hall
Dining Hall

*Please return to Conference Services 2 weeks prior to your arrival to Miami University. If returning late, please delivery this form to the residence hall check-in. Thank you.