



**Student Name:**

**Student ID Number:**

**Email:**

**Phone:**

**Date/Time to begin deliveries:**

**Isolation / Quarantine Meals**

Daily deliveries will consist of breakfast items, cold lunch, and a microwaveable dinner. ***Dependent upon time/length of need.***

Menus will vary based upon what is being served and available each day.

Please answer the following in order to ensure a safe and acceptable meal is prepared.

**Dietary Preference / Restrictions**

- Vegan- Y / N
- Vegetarian- Y / N
- Fish Allergies- Y / N
- Shellfish Allergies- Y / N
- Tree Nut Allergies- Y / N
- Peanut Allergies- Y / N
- Dairy Allergies- Y / N

- Egg Allergies- **Y / N**

- Wheat/Gluten Allergies- **Y / N**

- Soy Allergies- **Y / N**

Other Allergies- \_\_\_\_\_

Other Dietary Restrictions- \_\_\_\_\_

Are you sick / symptomatic and wish to receive soup or other comfort foods rather than the standard meals? **Y / N**

**Parkhurst Dining Contact**

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