

Sick Meal Request

Delivery Date	Time Needed
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Student Name _____ ID # _____

Pick-Up Name _____ Time Picked Up _____

Food Allergies _____

- Broth based soup (chicken rice)-(8 oz)
- Juice-P/C (4 oz)
- Gingerale-P/C (4 oz)
- Hot Tea (bag)-(6 oz)
- Jello-P/C (4 oz)
- Plain rice, pasta, and/or mashed potatoes (butter ok)(6 oz)
- Apple Sauce-P/C (4 oz)
- Banana (1 medium)
- Plain chicken (if not vegetarian) (4 oz)
- Plain cooked veggies (4 oz)
- Plain Sandwich

notes: _____

Manager / Supervisor Signature _____

Dining When You Are Ill

If you are ill, you should not visit the dining hall until you are symptom free.

The most important thing when you are not feeling well is to drink plenty of clear fluids to keep from becoming dehydrated. Dining Services offers sick meal trays that will be deducted from your meal plan and/or snack money. You may authorize a friend to pick up your meal in your absence.

Call 6409 or email specialmealorder@umassd.edu to place an order.
It is important to let us know if you have any food allergies.

Milk and dairy products as well as fried foods are not recommended when experiencing nausea and vomiting as they take longer to digest and may not be tolerated well.

If you are **not able** to keep food down your goal is to stay hydrated and nourished. Drink clear liquids to prevent dehydration and follow a BRAT diet (Banana, Rice Applesauce, Toast) as tolerated.

Choose from the list below for your sick meal:*

Clear broth • Juice • Gingerale • Hot Tea • Jello • Crackers
Rice / Pasta / Mashed Potatoes • Applesauce • Banana

If you are **able** to keep food down your goal is to stay hydrated, nourished and start to meet calorie needs. It is important to continue to drink clear liquids to prevent dehydration and follow a bland diet as tolerated.

Choose from the list below for your sick meal:*

Broth based soup • Juice • Gingerale • Hot Tea • Jello
Rice / Pasta / Mashed Potatoes • Applesauce • Banana
Plain Chicken • Plain Cooked Veggies • Plain Sandwich

Once you tolerate the above items, you should be able to return to your regular eating patterns.

* Menu may change due to availability.

Dining Services Sick Tray Authorizations Form

Please Print:

Student Name: _____

Date Range to be Used*: _____

ID # _____

Charge Amount Limit: 1 meal or \$ _____
(to a maximum of \$10.00)

I authorize my meal plan account to be accessed by the **below signed carrier** so that he/she may pick up a meal for me in my absence. In addition, my ID card along with the signed authorization form must be presented to the checker/cashier or dining services administrator in order for the carrier to pick up my meal. (Carrier must present proof of identity (Identification))

Meal Plan Holder Signature

Carrier Signature

Meal Plan Holder phone # _____

**To safeguard your meal plan account, this form will be accepted only for the date listed above*

Cashier to ring sale in CBORD using the above Student's ID.

Cashier to provide Receipt to carrier.

Cashier to complete this section and retain form:

<i>Date/Meal Period Used:</i> _____	<i>Location:</i> _____
<i>Amount Charged:</i> _____	<i>Cashier Signature</i> _____

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