



Food Allergy and Intolerance Notification Form

Please complete this page and submit to Student Disability Services. It will be used to notify appropriate Cornell staff about your food allergy and/or intolerance.

Name: _____ **Cornell NetID:** _____

Campus Residence: _____ **Cell Phone #:** _____

Food Allergy or Special Dietary Requirement: _____

Other Dietary Needs to consider when developing a dietary plan (i.e. religious/cultural needs; vegan/vegetarian; etc): _____

Asthmatic: Yes* No *Higher risk for severe reaction

Symptoms requiring treatment

- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat † Tightening of throat, hoarseness, hacking cough
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, bluish skin tone
- Other † _____

† Potentially life-threatening

- Check this box if you carry epinephrine or antihistamine for emergency treatment for food allergies. By checking this box, you also agree to carry and/or have access to your medication at all times.

FOR ANAPHYLACTIC SYMPTOMS

✚ FIRST: CALL 911

INFORM 911 THAT YOU ARE EXPERIENCING SYMPTOMS OF AN ALLERGIC REACTION

✚ Ask for help in accessing medication

✚ Lie down on a flat surface and elevate feet

- Check this box if you grant permission for this form to be sent to the Cornell Dining Dietitian and Residential Programs staff before your arrival on campus. The Cornell Dining Dietitian will contact you to schedule an appointment to discuss your dietary/dining plan. (Keep copies of this form to give to anyone else who needs to know about this medical condition.)

Student Signature: _____ Date _____