



## **DAVIS COLLEGE MEAL PLAN EXEMPTION POLICY**

Students who live on campus are expected to purchase a student meal plan. To request a meal plan exemption, the student must submit a Meal Plan Exemption Form with documentation from a physician diagnosing a medical condition and a specific diet along with lab testing results used for diagnosis. In the event of food intolerance/allergies, the medical provider must state specifically which food(s) you cannot consume and what the allergic reaction(s) are.

The Health Services Nurse, Chief of Student Development and the Food Service Director will review the Meal Plan Exemption request and medical information. If it is determined that the college Food Service cannot provide meals that will conform to the medical needs, an exemption will be approved. Exemptions are made for the current academic year only.

Health Services requires a Meal Plan Exemption Form which includes the Physician's Statement with documentation to be submitted when making the request. Forms are also available through Health Services. Meal plan refunds are based on the last day the meal plan is used.

Please note:

1. A medical meal exemption will not be given based solely on the fact that a student is a vegetarian or that Food Service does not meet a student's personal food preferences.
2. Students will continue to be charged for meals until a medical exemption is granted in writing.
3. A written statement from a doctor does not guarantee that the student will receive a medical exemption from the meal plan.
4. The health care provider must be a MD, DO, NP or ND (letters from Chiropractors and Herbalists are not accepted).
5. Because medical conditions can change, students must reapply for a medical exemption each year to be considered for release from the College Meal Plan.

Health Services  
Return directly to:  
Health Services



Office Use Only  
Re: \_\_\_\_\_  
Ap: \_\_\_\_\_  
Ac: \_\_\_\_\_

**MEAL PLAN EXEMPTION FORM**

Return this form with the required documentation to Health Services

Student's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Request Date: \_\_\_\_\_ Exemption Request Semester: Spring: \_\_\_\_\_ Fall \_\_\_\_\_

**Meal Exemption Request (based on):**

Medical Condition: \_\_\_\_\_ Other: \_\_\_\_\_

**STUDENT STATEMENT:**

By signing below, you affirm and agree to:  
All the policy and conditions listed in the Food Exemption Policy.

All information provided by you and your care provider regarding your request is true and accurate.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN STATEMENT:**

I understand that meal plan exemptions are based on significant or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record. I further understand that this information will be presented to the Director of Health Services, the Chief of Student Development and the Food Service Director of Davis College.

Describe the diagnosed medical condition and a specific diet for:

Student's Full Name: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Foods to Avoid: \_\_\_\_\_

Diet Prescribed: \_\_\_\_\_

Reaction when consumed: \_\_\_\_\_

Medication/treatment: \_\_\_\_\_

\*\*Please attach any lab testing results used to determine diagnosis.

Attending Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Health Services) (Student Development)