

EMERGENCY SICK MEAL REQUEST FORM

The Emergency Sick Meal Request Form is generated by the Dean's office for authentication. The Dean's office will confirm and send your request for emergency sick meals to the Dining Hall staff.

Student Name: _____ ID # _____ Room # _____

Date order submitted: _____ Meal: B(Mo-Fr)____ Br(Sa-Su)____ L____ D____

ALLERGIES: Soy Gluten Nut Wheat Shellfish Other_____

Breakfast (Monday – Friday): *Will be delivered between 9-9:30am on weekdays*

Submit breakfast order by 4:00pm the night before to rhonda.vegliante@yale.edu

SICK MEAL (clear liquids: broth, crackers, apple juice, water, Gatorade, banana)

Continental Breakfast choice: beverage (water, juice), breakfast bread, cereal, fresh fruit

Other: _____

Brunch (Saturday & Sunday): *Will be delivered between 11-11:30am on weekends*

Submit brunch order by 4:00pm the night before to craig.harwood@yale.edu

SICK MEAL (clear liquids: broth, crackers, apple juice, water, Gatorade, banana)

Continental Breakfast choice: beverage (water, juice), breakfast bread, cereal, fresh fruit

and/or

SICK MEAL (clear liquids: broth, crackers, apple juice, water, Gatorade, banana)

REGULAR MEAL (entrée, sides, juice, water, fruit) Entrée Selection: Chicken Beef/Pork Vegetarian Beef

Other: _____

Lunch (Monday – Friday) : *Will be delivered between 1-1:30 pm on weekdays*

Please submit lunch order by 10am to rhonda.vegliante@yale.edu

SICK MEAL (clear liquids: broth, crackers, apple juice, water, Gatorade, banana)

REGULAR MEAL (entrée, sides, juice, water, fruit) Entrée Selection: Chicken Beef/Pork Vegetarian Beef

Other: _____

Dinner: *Will be delivered between 4:45-5:15pm*

Please submit a dinner order by 1pm: weekdays to rhonda.vegliante@yale.edu; weekends to craig.harwood@yale.edu

SICK MEAL (clear liquids: broth, crackers, apple juice, water, Gatorade, banana)

REGULAR MEAL (entrée, sides, juice, water, fruit) Entrée Selection: Chicken Beef/Pork Vegetarian Beef

Other: _____

Graduate Housing Student: _____

Date: _____

Authorization: _____

Date: _____

Manager Signature: _____

Date: _____

NOTE: Graduate Housing Students that are not on a meal plan must be aware of the cost per meal- B-\$6.50, L-10.25, D-13.25
Please advise the student and ask them to authorize the expense. It will be charged to their Banner account.