

SICK TRAY REQUEST

Date: _____ ID #: _____

Name: _____

Residence Hall: _____ Phone #: _____

Please Circle Your Meal Plan: Eagle/Big Eagle/Mega Eagle Eaglet On Campus Talon

Please Circle Type of Illness: Flu-like Symptoms* Other _____

Please Circle Meal: Breakfast Lunch Dinner

Please Circle Method of Payment: Meal Plan Campus Cash Maroon Dollars

I authorize _____ to use my ID Number to pick up a sick tray for me.

Signature _____ Date _____

Please send this completed form with the person getting your meal

**If Flu-like symptom is circled you will be given a preset meal (jello, clear liquids, etc.). For all other illnesses, the person picking up your meal will be able to go through the Main Dining Room, Chars, or Badger Street.*