

REQUEST FOR FOOD ALLERGY and DIETARY RESTRICTION INFORMATION

Dear Student:

This form allows you to voluntarily disclose whether you have a food allergy or dietary restriction that could impact your travel abroad. Voluntary disclosure is only intended to assist program leaders or staff in planning meal arrangements or options. Disclosure does not guarantee that specific accommodations can be provided for meals.

Please note, you maintain all responsibility for your health, including avoiding foods or substances to which you are allergic. To that end, you agree, on behalf of yourself, your heirs, personal representatives and assigns, that by signing this document, you release, waive, discharge and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from any and all claims including those which result in personal injury, accidents or illnesses (including death), arising from, but not limited to, your ingestion of any foods listed below.

Cuisine in some regions relies heavily on key ingredients that may also be common allergens (fish, peanuts, nuts, soy, etc.). Furthermore, local cultures may interpret dietary restrictions differently. It is important for students to research local cuisine to understand ingredients and the prevalence of those ingredients when considering program participation, as well as cultural norms related to food preparation and hosting visitors.

You can find allergy notification cards at <https://www.foodallergy.org/resources/food-allergy-chef-cards>. The international insurance can arrange for replacement of epi-pens if used or lost. Please visit International Safety and Security [Using Your Insurance](#) for more information.

☐ No information to report.

Food

Dietary Restriction(s) and Explanation

Student Signature: _____

Email: _____