



**SICK TRAY REQUEST FORM**

If an injury or illness (non-COVID-19 related) leaves you unable to go to dining services for your meals, you can request that a friend, or member of the Residence Life staff be allowed to pick up a sick tray for you to be brought back to your room.

If you request meal delivery for COVID-19 related reasons, please contact Kevin Harmon or Deb Haman. ([kevin.harmon@minotstateu.edu](mailto:kevin.harmon@minotstateu.edu), [debra.haman@minotstateu.edu](mailto:debra.haman@minotstateu.edu) )

- **This meal will be charged to your meal plan.** Print and complete this form. The form must be presented along with the student's I.D. to the University Dining Services staff.
- This form is valid for one day only; a new form must be completed for additional requests.

**Please Print**

Resident Requesting \_\_\_\_\_ ID Number \_\_\_\_\_

I authorize \_\_\_\_\_ to pick up a sick tray for me.

**This meal will be charged to my student meal plan.**

I am requesting: (Please circle all that will apply)

Breakfast      Lunch      Dinner

Allergens/Dietary Restrictions: \_\_\_\_\_

Items I'd Like: (Please circle)

- |                        |          |              |
|------------------------|----------|--------------|
| Soup & crackers        | Rice     | Milk         |
| Hot Meal from mainline | Noodles  | Banana       |
| Grilled Cheese         | Juice    | Orange       |
| Cereal Toast(Jam&PB)   | Hot Tea  | Apple        |
| Oatmeal                | Water    | Other: _____ |
| Pudding                | Sprite   | _____        |
| Granola Bar            | Gatorade | _____        |

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Note: The person picking up the meal will need to present both their ID card and the other student's ID card for the meal swipe.

**Dining Hall/Food Service Staff receiving this form, fill out this part:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ID Verified: \_\_\_\_\_

Staff signature: \_\_\_\_\_