Mason Dining
Sick Tray Authorization Form
(Updated March 2020)

Please Print:

Student Name: ___________________________ Date to be Used*: _______________________

G # _______________________________ Charge Amount Limit: 1 meal

If you have food allergies, dietary restrictions or need other dietary accommodations, please reach out to Veronica Hayes, the dietitian, directly at veronica.hayes@sodexo.com for menu planning assistance.

I authorize my meal plan account to be accessed by the below signed carrier so that he/she may pick up a meal for me in my absence. In addition, my ID card along with the signed authorization form must be presented to the checker/cashier or dining services administrator in order for the carrier to pick up my meal. (Carrier must present proof of identity (Identification)

Meal Plan Holder Signature ___________________________ Carrier Signature ___________________________

Meal Plan Holder phone #______________________________

*To safeguard your meal plan account, this form will be accepted only for the date listed above

Circle 1

Meal 1
1 Jell-O cup
1 Ginger Ale
1 Powerade
4 packs of saltine crackers

Meal 2
1 Pudding or Apple Sauce
1 Banana
1 Powerade
4 packs of saltine crackers

Meal 3
Turkey & Swiss on whole wheat
1 Apple
Carrots & Ranch
Bottled Water

Meal 4
Roast Beef & Cheddar on whole wheat
1 Orange
Butternut Squash sticks & Ranch
Bottled Water

Circle 1

[Allergen Free/Regular] Soup of the day
PB&J Sandwich

Circle 1

Oatmeal
Original Cheerios or Original Corn Chex Cereal

**May take up to 20 minutes to complete order once carrier arrives at the dining hall with this form.

Cashier to ring sale in register using above Student’s ID.
Cashier to staple receipt to form and return to carrier.
Carrier to provide form with receipt to Salad Bar employee.
Salad Bar employee to provide carrier requested meal and retain form.

Date/Meal Period Used: ___________________________ Amount Charged: ___________________________

Location: ___________________________ Cashier Signature ___________________________