Mason Dining
Sick Tray Authorization Form

Please Print:

Student Name:__________________________ Date to be Used*:____________________
G #______________________________ Charge Amount Limit: 1 meal

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

Circle 1
Soup of the day [Can be viewed on the Bite App or Mason Dining Site]
Deli Sandwich or PB& J Sandwich

Circle 1
Oatmeal
Original Cheerios or Original 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 ______________________________