



Sick Meal Authorization Form

Flu Buddy Program

Please complete this form and sign at the bottom. Only the designated person (your Flu Buddy) will be authorized to present this form.

NOTE: You must have a meal plan to utilize the sick meal service.

Date: _____

Your Name: _____
(Student that the food is for)

ID #: _____

Residence Hall: _____

Room #: _____

Flu Buddy's Name: _____
(Student that is picking up the food)

By signing this form you are agreeing to allow another student to present this at the Commons Dining Hall without you present to authorize Dining Services to deduct a meal from your account.

Signature

Date