MANAGING FOOD ALLERGIES
AT FURMAN UNIVERSITY

It is important to start early as you prepare to handle your food allergies at Furman. Students are encouraged to take the following steps:

BEFORE ARRIVING ON CAMPUS

- Contact the Student Office for Accessibility Resources (soar@furman.edu). SOAR will meet with you to determine any necessary accommodations. SOAR will also facilitate a meeting with you and the Dining Hall staff to discuss meal plan options.
- Make sure your food allergy documentation is on file at the Earle Student Health Center (864.294.2180).
- Develop your care plan (see below).
- It is a good idea to share food allergy information with your roommate before coming to campus. You should explain what types of foods are unsafe for them to bring into the room.

ONCE YOU ARRIVE ON CAMPUS

- Meet with your roommate and Residential Assistant (RA) to develop a Roommate Agreement. It is important to be honest with everyone about your specific needs. Share your care plan with them. Be sure to include a list of all the foods your roommate should not bring into the room.
- Share this same information with others that need to know: professors, coaches, student groups, advisors, friends you dine with, hall-mates, suite-mates, etc. Please note that the individuals with whom you choose to share information will depend in part on the nature/severity of your allergies.

ONGOING

- Contact Furman University Police if there is an emergency (864.294.2111).
- If there is a problem in your room, talk to your roommate and/or your RA.
- If there is a concern about the Dining Hall, please promptly communicate this with the Student Office for Accessibility Resources so they can ensure the proper Dining Hall staff are notified.
- It is important that you report to the appropriate person any issues you encounter (whether in the Dining Hall, with roommates, etc.), so we can address them.
- If there is a need to discuss further accommodations, contact the Student Office for Accessibility Resources.

FOOD ALLERGY CARE PLAN

Food allergy(ies): ________________________________________________________________

Severity of allergy(ies) (i.e. touch, air, ingestion, etc.): __________________________________

Signs and symptoms of exposure/contamination: ________________________________________

Medications you take in the event of contamination: _____________________________________

Where do you store this medication: _________________________________________________