

Morrisville State College Dining Services
Sick Meal Pick-Up Request
Please Allow At Least Two Hours Notice

Name _____ ID# _____

Residence Hall _____ Room # _____ Time of call _____

Date _____ Meal Plan _____ Cash _____ Buddy Picking Up? _____

Name of Person Picking Up _____ Phone # _____

Breakfast _____ Lunch _____ Dinner _____ All _____ Time Picking up _____

Sick Meal: Meal punch or \$5.25 cash -or- Recovery meal: Meal punch or \$8.00 cash

Microwave Soup (choose one)

_____ Chicken Soup
_____ Soup of day

Microwave Soup (choose one)

_____ Chicken Soup
_____ Soup of day

Beverage (choose up to two)

_____ Gatorade
_____ Apple Juice
_____ Orange Juice
_____ Water
_____ Sierra Mist
_____ Ginger Ale

Beverage (choose up to two)

_____ Gatorade
_____ Apple Juice
_____ Orange Juice
_____ Water
_____ Sierra Mist
_____ Ginger Ale

Fruit (choose one)

_____ Banana
_____ Diced peaches
_____ Apple

Sandwich (choose one)

_____ Turkey ___w/cheese
_____ Peanut Butter and Jelly
_____ Veggie Wrap _____w/cheese

Crackers
Applesauce
Spoon
Napkins
Tea Bag

Fruit (choose one)
_____ Banana
_____ Orange
_____ Apple

Signature of person picking up:

Crackers Cookie
Condiments Spoon
Napkins Tea Bag
