

Food Preference Form

Child's name: _____ Child's date of birth: _____

Child Care Program name: _____

This form is intended to meet the requirements of WAC 110-300-0190, specifically to accommodate dietary preferences related to religious, cultural, or family preference. **If the child has a diagnosed food allergy or food intolerance, a separate care plan must be completed and signed by the child's healthcare provider.** Care plans can be found at kingcounty.gov/childcare. Per WAC 110-300-0190, an early learning provider may allow or require parents or guardians to bring food for their child.

Child does not eat this food (list each food separately):	Substitute with this food:
	For program use only. Food substitute to be provided by: <input type="checkbox"/> Program <input checked="" type="checkbox"/> Parent/guardian
	For program use only. Food substitute to be provided by: <input type="checkbox"/> Program <input checked="" type="checkbox"/> Parent/guardian
	For program use only. Food substitute to be provided by: <input type="checkbox"/> Program <input checked="" type="checkbox"/> Parent/guardian

By signing below, I confirm that the foods listed on this document are NOT related to an allergy or intolerance and I agree to follow this food preference plan.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____ Date: _____

By signing below, I agree to follow the food preference plan for this child.

Director Name (Printed): _____

Director Signature: _____ Date: _____