

# 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](http://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:
	<p><b>For program use only.</b> Food substitute to be provided by:  <input type="checkbox"/> Program <input type="checkbox"/> Parent/guardian</p>
	<p><b>For program use only.</b> Food substitute to be provided by:  <input type="checkbox"/> Program <input type="checkbox"/> Parent/guardian</p>
	<p><b>For program use only.</b> Food substitute to be provided by:  <input type="checkbox"/> Program <input type="checkbox"/> Parent/guardian</p>

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: \_\_\_\_\_