

Food Intolerance Care Plan Request Form

Child's name: _____

Child's date of birth: _____

The child listed above attends our child care or early learning program. We have been informed that they have been diagnosed with a food intolerance.

Child Care Program Director: _____

Child Care Program: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Healthcare Provider: As a licensed child care program, we are required to meet state licensing standards (WAC 110-300-0215 and 110-300-0300). Please complete the following Food Intolerance Care Plan and, if necessary, a Medication Authorization Form. We need to know what the child is intolerant to, appropriate food substitutions, and medications to give, if required. If the child has a **diagnosed food allergy**, please contact the child care program listed below to request the Allergy and Anaphylaxis Emergency Plan.

By signing below, I give permission to my child's healthcare provider to release the information requested above to my child care program.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

Parent or Guardian Phone Number: _____

Food Intolerance Care Plan

Child's name: _____

Child's date of birth: _____

Food Intolerance (List each food separately)	Symptoms of Intolerance	Appropriate Food Substitutions

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____

Healthcare Provider Phone Number: _____

Date: _____

By signing below, I give permission to the child care program listed above to follow the Food Intolerance Care Plan as completed and signed by my child's healthcare provider.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____