

Environmental Health Services Division

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www.kingcounty.gov/health



Public Health-Seattle & King County Request for School Food Sharing Table

Date: _____

Academic year: _____

School name and district:

School address:

Food service manager and/or person-in-charge of School Food Sharing Table:

Contact Email and/or Phone number: _____

Breakfast: If you want to offer food sharing table at breakfast, please specify the following:

1. Duration of breakfast service: _____
2. Start time of each meal period: _____
3. Duration of each meal period: _____

Lunch: If you want to offer food sharing table at lunch, please specify the following:

1. Duration of lunch service: _____
2. Start time of each lunch period: _____
3. Duration of each lunch period: _____

Any other meal periods or offering after school activity snacks (if so, specify):

Specify food and beverage items that will be permitted for food sharing table:

Perishable and/or TCS foods	Shelf stable foods
<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪ ▪ 	<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪ ▪

