

Specific Dietary Requirements Form for School Meals



Parents/guardians must complete this form to inform us of any specific dietary needs.

A meeting is offered to parents/guardians to discuss your Child's Medical Dietary needs in regard to School Meals. If "No" to a meeting is ticked, it will be the responsibility of the parent/guardian or pupil to select the appropriate School Meal daily.

Please note: Incomplete forms will be returned, which may delay processing.

1. PUPIL DETAILS

- Pupil's Name: _____
- Class: _____ School: _____

2. DIETARY REQUIREMENT DETAILS

- **Medical Requirements** (e.g., allergies, intolerances, Additional Support Needs, etc.):

Please specify

EVIDENCE FROM MEDICAL PROFESSIONAL **MUST** BE ATTACHED

- **Religious/Cultural Requirements** (e.g., Kosher, Halal, Vegan):

Please specify

Meeting with Catering Management Requested? Please select one of the following:

☐ **YES** — I request a meeting with Catering Management to discuss possible changes to the advertised school meal menu.

☐ **NO** — I do not require a meeting. I understand that **no changes** will be made to the menu, and I, or my child, will be responsible for selecting appropriate meals.

☐ **I consent to this information being held by the school kitchen for management purposes.** I understand it is my responsibility to inform the school of any future changes to my child's dietary requirements.

3. PARENT/GUARDIAN DETAILS

- Name: _____ Signature: _____
- Phone: _____ Email: _____ Date: _____

Return completed form to Dietaryrequest@fife.gov.uk or the school office. For full nutritional and allergen details, please visit www.fife.gov.uk/schoolmeals, where you can browse our **Online Interactive Menu** and more.