*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:

Please specify below:

**2. DIETARY REQUIREMENT DETAILS**

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

EVIDENCE FROM MEDICAL PROFESSIONAL **MUST** BE ATTACHED

Please specify below:

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

**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](http://www.fife.gov.uk/schoolmeals), where you can browse our **Online Interactive Menu** and more.