

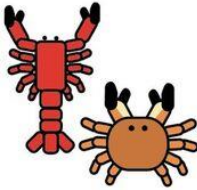
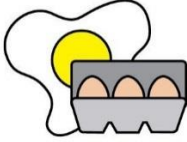
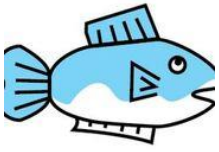
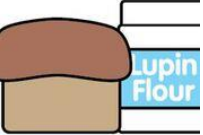

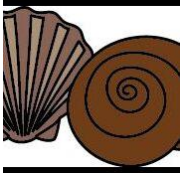




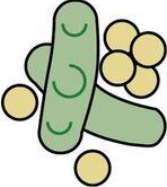





Abbotsholme

ALLERGEN SHEET

PRODUCT/FOOD/CAKE/BAKE/DISH NAME: _____

<p>Celery</p>  <input type="checkbox"/>	<p>Cereals containing gluten</p>  <input type="checkbox"/>	<p>Crustaceans</p>  <input type="checkbox"/>	<p>Eggs</p>  <input type="checkbox"/>	<p>Fish</p>  <input type="checkbox"/>
<p>Lupin</p>  <input type="checkbox"/>	<p>Milk</p>  <input type="checkbox"/>	<p>Molluscs</p>  <input type="checkbox"/>	<p>Mustard</p>  <input type="checkbox"/>	<p>Nuts</p>  <input type="checkbox"/>
<p>Peanuts</p>  <input type="checkbox"/>	<p>Sesame Oil</p>  <input type="checkbox"/>	<p>Soya</p>  <input type="checkbox"/>	<p>Sulphur Dioxide</p>  <input type="checkbox"/>	<p>Tick the allergens which are in the dish</p> <input checked="" type="checkbox"/>

EVENT NAME: _____ DATE: _____

DATE FOOD BROUGHT IN: _____

STAFF/PARENT NAME: _____

SIGNED: _____