**Allergy Checklist**

**EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**St Matthew’s & The Minster have a nut-free policy –**

**so NO nuts in your dish please**

Your Name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Dish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick the allergens in your dish and fill in the list of ingredients in the table.

**LIST of INGREDIENTS and where they were bought**

|  |  |
| --- | --- |
| Ingredient | Supplier |
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