

Allergen Declaration

Campbelltown Catholic Club



This form is to be completed by guests attending events at Campbelltown Catholic Club with serious food allergies. This form is not to be used for any other dietary preferences including intolerances.

Name of Guest	Phone
Name of Guardian (if under 18)	Phone
Name of event to be attended	
Date of event to be attended	
Signature of Guest/Guardian	Date

Please tick the boxes applicable allergies

<input type="checkbox"/> Wheat	<input type="checkbox"/> Seed	<input type="checkbox"/> Lupins	<input type="checkbox"/> Milk
<input type="checkbox"/> Fish	<input type="checkbox"/> Soy	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Crustaceans
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Other	

Other, please specify

To be completed by Campbelltown Catholic Club

Entrée to be served to guest at event

Description including any allergens

Main course to be served to guest at event

Description including any allergens

Dessert to be served to guest at event

Description including any allergens

Completed by	Position
Approved by	Position