



# PARENTAL CONSENT FORM

Name of Parent:	Date:	/	/
Address (Street):	Age:		
City/Town:	County	Postcode	
Home: ( )	Mobile	Email:	
How would you prefer we contact you #1		#2	

Data Protection Act. The information being collected on this form will only be used for the purpose of parental consent for children's Princess Pamper Parties. The data will not be disclosed to any external sources other than in an emergency, or to the local authority, without your written consent.

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name of participant:	
Participants Age:	Participants Birthday: / /
Emergency Address and/or Telephone (if different from above):	
Does she suffer from allergies, diabetes, migraine, epilepsy or any other illness or disability? YES/NO if yes, give details:	
Is she allergic or sensitive to anything YES/NO if yes, give details:	

### PARENTAL CONSENT

(I) I have read the information provided and agree to my daughter taking part in the activities. (II) I acknowledge the need for him/her to behave responsibly at all times. (III) At my (the parents) consent I am happy for my child to take part in the Pamper Princess Parties (painted nails, glitter tattoos, hair products and makeup). (IV) I understand that the staff responsible for the activities take all reasonable care of participants.	
Parents Signature	Tech Signature
Please print name	Genevieve Little & Pink Boutique

All information will be held in complete confidence. L&PB will not divulge your info to any other parties. You are not obligated to answer any questions that make you uncomfortable. L&PB will not be held accountable for injury or accidents to, or caused by Unsupervised children.

### THANK YOU FOR YOUR CUSTOM

I promise to always do my best to give your beautiful children a magical experience - so please let me know if there is ever anything else I can do to improve my services.