Mini Madams Consent Form	
For guest attending a Birthday P	
Date of visit	
MM-DD-YYYY	
Date	
Lead name of the party booking	
First Name	Last Name
	Last Name
Name of child attending	
First Name	Last Name
Childs age	
Dietary Intolerances or Allergies	we should be aware of:
Nuts	Fish
Peanuts Shellfish/Crustations	Gluten Milk
WheatEggs	SoybeanOther
16 second all the second second	n intelance of the second second
If your child has any other dietar below:	ry intolerances or allergies please list
Type here	
	ditions we should be aware of please
below:	Athlete's Foot
AsthmaEpliepsy	Skin Sensitivity
	Impotion
Herpes SimplexVeruca	 Impetigo Eczema Other ons at present? If so, please list belov
 Herpes Simplex Veruca Is your child taking any medicati 	EczemaOther
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