



Mini Madams Consent Form

For guest attending a Birthday Party

Date of visit

Date

Lead name of the party booking

First Name

Last Name

Name of child attending

First Name

Last Name

Childs age

Dietary Intolerances or Allergies we should be aware of:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Gluten |
| <input type="checkbox"/> Shellfish/Crustations | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Soybean |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Other |

If your child has any other dietary intolerances or allergies please list below:

If you child has any medical conditions we should be aware of please list below:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Athlete's Foot |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Sensitivity |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Veruca | <input type="checkbox"/> Other |

Is your child taking any medications at present? If so, please list below:

I give consent for medical aid to be used if necessary :

- Yes No

If you child has any of the following of please list below:

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Light Sensitivity |
| <input type="checkbox"/> Sensory Processing Disorder | <input type="checkbox"/> Sensitive hearing |
| <input type="checkbox"/> Other | |

If other, please list below:

I give consent for photo's and videography to be taken in Mini Madams to be used online and/or in marketing purposes including social media :

- Yes No

Parent or guardian contact details

First Name

Last Name

Contact number

Area Code

Phone Number

Secondary contact details

First Name

Last Name

Contact number

Area Code

Phone Number

Signature

Clear

Email

Submit