

mini Madams™

Consent form for children under 18 years of age.

Child's Name.....

DOB.....

My child has the following allergies, skin conditions or has had previous reactions to (LEAVE BLANK IF NONE).....

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I can confirm that my child does not currently have any of the following (PLEASE CIRCLE)

- Warts
- Veruccas
- Any contagious infections
- Head lice
- Impetigo

If any conditions are found to be present, your child may not be able to participate in activites involving the area.

My childs dietary requirements are (LEAVE BLANK IF NONE).....

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PHOTOGRAPHY

I give consent for photos and videography to be taken at Mini Madams LTD to be used on the website and/or in marketing materials including social media.

Signed by Parent.....

Date.....