

mini Madams

Consent form for children under 18 years of age.

Childs name.....

Partie/day spa name.....

Age.....

I confirm that my child or any children at my party/spa day DO NOT have any of the following COVID19 symptoms.

- A high temperature
- A new, continuous cough
- A loss or change to your sense of smell or taste
- Living with anyone showing symptoms or recovering from

I can confirm that no children at my party have any of the listed conditions...

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Warts | <input type="checkbox"/> Veruccas |
| <input type="checkbox"/> Head lice | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Any contagious infections | |

Please state any allergies your child has: BOX HERE

Signed by a parent/responsible adult. Date:

PHOTOGRAPHY

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