

# Party Consent Form



Name..... Date / Time of booking.....

Contact number ..... Email Address .....

I can confirm I have advised all parents what treatments will be happening at the party and they are happy for their child to take part YES / NO

I can confirm I have checked with all parents for any skin or food allergies YES / NO  
If yes please state

.....  
.....

I can confirm I have advised Little Sassy Spa of any food or skin allergies 48 hours prior to the party YES / NO

Please confirm you understand you are responsible for all children during the party and we are hired by yourself for party entertainment, we are not a childcare provider. YES / NO

Please confirm you understand our parties are for entertainment purposes only. YES / NO

Please confirm you have an arrangement in place for any children that have not been collected by their parents. YES / NO

Please confirm you are happy for pictures to be taken for use for our socials/webpages. YES/NO

I (Your Name)..... can confirm I have checked with all parents that they are happy for their child to take part in the party and the treatments that are involved. I can confirm that all parents were happy with the information I have given them about the party and what is involved and they are happy for me to sign on their behalf to give permission for their child to take part. I can confirm that I have advised the parents if they are not happy for me to give their permission on their behalf, I have told them they must come to the party in person to sign the consent form for their child to be able to join in. \*\*\*\*By signing this consent form you are confirming that all the information you have given us is to be true and factual. \*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_