



[Client Headband No.
for official use]

Parent/Guardian **Consent Form**

All party treatments at TotallyPamper.me are performed by competent or qualified or trained staff. **Please complete, sign and return to the pamper host. Treatments cannot commence in the absence of signed consent.**

Date of Party:		Package:
Full name of child [Print]:		D.O.B:
Parent/Guardian full name [Print]:		
Address:		
Landline:	Mobile:	Email:

Does your child suffer from any medical conditions, skin or food allergies which staff need to be aware of? Please also include any current medications.

Please visit our website: www.totallypamper.me If you do not agree to any of the treatment and activities listed online (see package details) or you would like us to use your own products, please indicate this below.

I agree to the above named child taking part in the treatments and activities provided by TotallyPamper.me as per the party package referred to on the E-invitation. Full details of package can be found at: www.totallypamper.me under packages. I confirm to the best of my knowledge that the above-named child does not suffer from any medical, skin or food allergies other than those listed above. Data/imagery may be used for marketing purposes by TotallyPamper.me only and will not be passed to any third party. TotallyPamper.me accepts no responsibility for loss, damage or injury caused by or during attendance on any of the organised party activities.

Signed Parent/Guardian:
Date: