

**YOUR CHILD'S SAFETY IS OUR MAIN PRIORITY**

Guardian Full Name .....

Relationship to child.....

Child's Full Name.....

Birthday Girls Name.....

Contact Number.....

Email.....

**I GIVE CONSENT TO THE FOLLOWING TREATMENTS/ACTIVITIES**

- Nail Painting
- Toe Painting
- Facial
- Make Up
- Catwalk
- Filming & Photography

**ALLERGIES, SKIN DISORDERS OR PREVIOUS REACTIONS TO:**

- Fever
- Contagious or Infectious Diseases
- Any Known Allergies
- Conjunctivitis
- Stye
- Cuts/Bruises
- Eczema
- Hypersensitive Skin

**SIGNATURE**

SIGN.....

DATE.....