



Parental Consent Form

To allow your child to take part in a Dazzling Pamper Party, please read and complete the information below.

Child's Name: _____

Party Date: _____ **Child's Age:** _____

Emergency Contact Name & Number: _____

I give permission for my child to participate in a Dazzling Pamper Party and to take part in all activities included in the selected party package. (Please visit dazzlingpamperparties.com for further information.)

Allergies / Skin Conditions

Please provide details if applicable:

Dietary Requirements

Please provide details if applicable:

I understand that while Dazzling Pamper Parties take all reasonable care to ensure the safety and wellbeing of all children, they cannot accept responsibility for any loss, damage, or injury incurred during the party.

Signed: _____ Date: _____