



Makeup Consent Form

****YOU MUST PRINT and have the day of the party. Signature REQUIRED by each child's PARENT ONLY NOT BY the GUEST PARENT**

As part of the experience, age appropriate makeup will be topically applied. This includes, but not limited to, eye shadow, lip gloss and blush. Makeup products used are hypoallergenic and makeup applicators are new and disposable. Any skin condition should be reported by parent to Pretty Pink Party prior to application. Parent agrees to release the Pretty Pink Party from liability for any skin complications due to allergic reactions.

I have read and understood this consent and release.

Birthday CHILD Name: _____ Childs Age__
Child BIRTH DATE _____
Email address _____ Phone #: _____
Parent Signature _____

1. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

2. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

3. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

4. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

5. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

6. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

7. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____

8. Child Name: _____ Parent Signature _____
Parent email address _____
Parent Cell # _____