



Food Allergy Permission Slip

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

Dear parents or guardians

Your child will be participating in spa like and entertaining activities. Several of these activities involve food products as part of the experience. We know that many children have allergies and some of these allergies can be life threatening. We take many precautions to ensure that all of the children are safe. Pretty Pink Party will not be held responsible for any allergic reaction or life threatening incident including death that may occur. Therefore, we are requiring return of this permission slip before your child will be able to participate in any food-related activities. If your child has any known food allergies or intolerances that will prevent her from participating in these activities, we will provide an alternate option at your request. Please complete the bottom of this permission slip.

Party Date & Time _____
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 # _____