

Children's Magic Show Parental Consent Form

Child's Information

Child's Full Name

Child's Age

Allergies/Special Requirements

Parent/Guardian Information

Parent/Guardian Full Name

Phone Number

Email Address

Consent

☐

I consent to my child participating in the Children's Magic Show.

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I give permission for photographs/videos of my child to be taken for event use.

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I authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date
