**Full of Beans**  **Face Painting Permission Form**

**Venue:…………………………………………………………….**

 **Holiday Camp Dates:……………………………………….**

By signing this document you . **agree/disagree** to your child taking part in a face painting activity by a member of ‘Full Of Beans’ staff using our face paintsat our camp venue during the week stated above.

If you agree, you are satisfied that you are not aware of your child having any known allergies to face paints or any skin conditions that would stop them participating.

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| --- | --- | --- | --- | --- |
| **Child’s Name**  | **Date**  | **Does your child have any know skin conditions or allergies?**  | **Do you give permission for** **your child to take part a** **face painting activity?**  | **Parent/Guardian Signature** |
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