

CONSENT FORM

COSMETIC TREATMENT FOR MINORS

INFORMATION ABOUT THE MINOR

NAME _____

DATE OF BIRTH _____

ADDRESS _____

INFORMATION ABOUT THE LEGAL GUARDIAN(S)

LEGAL GUARDIAN 1

LEGAL GUARDIAN 2 (OPTIONAL)

NAME _____

NAME _____

PHONE/E-MAIL _____

PHONE/E-MAIL _____

TYPE OF DESIRED TREATMENT

I/WE GIVE CONSENT FOR THE FOLLOWING COSMETIC TREATMENT(S)

NAIL TREATMENTS (E.G. GEL, ACRYLIC, MANICURE, PEDICURE)

EYELASH TREATMENTS (E.G. EYELASH EXTENSIONS)

FACIAL TREATMENTS (E.G. CLEANSING, SKINCARE TREATMENT)

CONSENT

I/WE HEREBY GIVE PERMISSION FOR THE ABOVE-MENTIONED COSMETIC TREATMENT(S) TO BE PERFORMED ON THE MINOR.

PLACE / DATE _____

SIGNATURE LEGAL GUARDIAN 1

SIGNATURE LEGAL GUARDIAN 2

(OPTIONAL) _____

SIGNATURE OF THE MINOR _____

SIGNATURE OF THE TREATING/ATTENDING PROFESSIONAL _____