

SKINCYCLE

for all of your skin cycles

Parental Consent Form

As the parent or legal guardian of _____ (minor's name),
I give permission for her/him/them to have the following services performed:

_____.

I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liability described on those forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

Date: _____

Full Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Signature of aesthetician: _____

This form MUST be signed in person by the parent or guardian at the time of service, witnessed by the aesthetician.