

# Parental Acknowledgement & Consent

## Client Details

Full Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_

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## Parent / Legal Guardian Details

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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## Treatment Consent

I, the undersigned parent/legal guardian, give permission for the above-named minor to receive eyelash and/or eyebrow treatments at:

Business Name: \_Eylusion\_\_\_\_\_

Therapist Name: \_Kate Major\_\_\_\_\_

I understand that the following treatments may be performed (please tick all that apply):

- Eyelash Extensions
  - Lash Lift
  - Brow Lamination
  - Brow Tinting / Shaping
  - Other: \_\_\_\_\_
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## Medical / Allergy Disclosure

Please list any known allergies, sensitivities, or medical conditions:

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I confirm the above information is complete and accurate

## Acknowledgement & Consent

I confirm that:

- I am the parent or legal guardian of the minor named above
- I understand the nature of the treatment(s) being performed
- I acknowledge that results may vary between individuals
- I understand that, while all care is taken, there are potential risks including (but not limited to) irritation, sensitivity, or allergic reactions
- I agree that the technician is not liable for any adverse reactions unless caused by negligence
- I confirm that all information provided is true and accurate

I have read and agree to the above

## Consent Declaration

I give permission for my child/ward to receive the selected treatments listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_