



940 RAMONA AVENUE, STE. B
GROVER BEACH, CA 93433
(805) 710-2904

parental consent: **minor**

today's date: _____

client name: _____

client address: _____ apt/unit: _____

city: _____ state: _____ zip: _____

email: _____

telephone: home _____ cell _____

birthday: _____ under21 21-30 31-40 41-50 51-60 60+

referred by: _____

Please read and initial the following statements:

As the parent or legal guardian of _____ (minor's name)

I authorize esthetician, Dana Maloney, to perform the following treatment(s) on a minor::

I confirm that I have read and understand all information on the applicable forms for this treatment or service. _____

I 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. _____

Full name of parent or guardian: _____

signature: _____ date: _____