



PARENTAL CONSENT FORM – SUGARING AND/OR FACIALS

As the parent or legal guardian of _____ (minor’s name), I give permission for her/him to receive the following treatments (please check all that apply):

- Brow Shaping and/or Brow Maintenance
- Upper Lip
- Underarms
- Full or Half arms
- Full or half legs
- Bikini Line (*minors are not eligible for Extended Bikini and Brazilian services*)
- Facial Treatment
- Other (*prior approval from esthetician required*): _____

I confirm I have read and understand all information on the applicable forms for treatment(s) requested above, 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 per treatment received.

Date: _____

Full name of parent or guardian: _____

Signature of parent or guardian: _____

This form must be signed in person by the parent or guardian at the time of service, witnessed by the esthetician. You may also be asked to present valid ID prior to signing.