



## NO LIMITS RESIDENTIAL CARE LLC

**“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”**

### **FORM 11 & 11A — HAIRCARE, GROOMING, AND OPTIONAL CHEMICAL TREATMENT CONSENT**

**Client Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Record Number:** \_\_\_\_\_

#### **SECTION 2 — PURPOSE OF THIS CONSENT**

This combined consent authorizes No Limits Residential Care LLC to provide grooming services for the child listed above and, ONLY if separately approved, chemical hair treatments performed by licensed professionals. Grooming ensures hygiene, dignity, emotional well-being, and safety.

#### **SECTION 3 — AUTHORIZED GROOMING SERVICES (NO CHEMICALS)**

I authorize No Limits Residential Care LLC to provide or arrange:

- Shampooing, conditioning, detangling, combing, brushing
- Blow-drying (low heat)
- Protective styles (braids, twists, buns, loc maintenance)
- Professional haircuts, trims, deep conditioning, scalp treatments
- Lice checks and treatment

#### **SECTION 4 — LIMITATIONS**

No Limits WILL NOT:

- Perform any chemical services unless Form 11A is signed
- Use unlicensed stylists
- Use excessive heat or unsafe styling practices
- Make drastic changes to hairstyles without consent

#### **SECTION 5 — EMERGENCY GROOMING NEEDS**

I authorize No Limits to obtain professional grooming if the child's hair becomes severely matted, unhygienic, painful, infested, or a safety concern. Guardians will be notified as soon as reasonably possible.

#### **SECTION 6 — FREQUENCY OF SERVICES**

- Grooming provided weekly/biweekly
- Protective styles refreshed every 4–8 weeks

- All services documented

## **SECTION 7 — SIGNATURES FOR STANDARD GROOMING (FORM 11)**

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Staff Witness Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

## **----- FORM 11A — OPTIONAL CHEMICAL CONSENT -----**

### **SECTION 8 — PURPOSE OF OPTIONAL CHEMICAL CONSENT**

Chemical treatments permanently alter hair structure and carry risks. This section allows explicit approval before any chemical treatment is performed.

### **SECTION 9 — APPROVED CHEMICAL SERVICES (Check all that apply)**

- ☐ Relaxer (chemical straightening)
- ☐ Perm
- ☐ Hair dye / color
- ☐ Bleaching / lightening
- ☐ Texturizer
- ☐ Keratin treatment
- ☐ Other: \_\_\_\_\_

### **SECTION 10 — RISKS ACKNOWLEDGED**

Chemical services may cause scalp burns, allergic reactions, breakage, hair loss, uneven color, or permanent texture changes. No Limits is not liable for stylist outcomes.

### **SECTION 11 — SAFETY REQUIREMENTS**

Chemical services WILL NOT be performed if:

- Scalp irritation or sores are present
- Child recently had a chemical treatment
- Child is distressed or unwilling
- A professional advises against it

## **SECTION 12 — SIGNATURES FOR CHEMICAL CONSENT (FORM 11A OPTIONAL)**

**By signing below, I authorize chemical hair services for my child.**

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Staff Witness Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_