



# PARENTAL CONSENT

EMERGENT ESTHETICS, LLC

Clients under the age of 18 (unless emancipated) can only receive services with parental/legal guardian consent. Parent/guardian's have the option to be present in the treatment area with minor.

NAME (MINOR)

DATE & TIME OF SERVICE

BIRTH DATE (MINOR)

NAME (PARENT/GUARDIAN)

EMERGENCY CONTACT NUMBER (PARENT/GUARDIAN)

I give permission to have the following services performed (PARENT/GUARDIAN)

As the parent or legal guardian of the above listed minor, I give permission for the above minor to have booked service done

YES NO

I give consent for my child to be in the treatment room without me

YES NO

I confirm I have read and understand all information on the applicable descriptions 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.

YES NO

*By signing below, I verify that I have read, understand and agree with the above statements, and give permission for my child to receive services from **Emergent Esthetics**. I acknowledge my consent above, and I further recognize this consent form will supersede any other parental consent forms with a date prior to the date written below. I release and discharge **Emergent Esthetics** of all liability for any services rendered.*

SIGNED (MINOR)

DATE

SIGNED (PARENT/GUARDIAN)

DATE

SIGNED (ESTHETICIAN)

DATE