OCELINE
BEAUTY

BORROWASH, DERBY

Parent consent for an under-18 appointment

Complete this form together in the studio at each visit. The parent must attend the appointment and sign below. A consultation and a treatment require separate forms.

Appointment details

Client's full name _____ **Age today** _____ **Appointment date** _____

Parent's full name

_____

☐ Face-to-face consultation ☐ Treatment

Treatment to discuss or receive today

_____

_____

Parent's consent

I am this client's parent and have parental responsibility. I am attending today. Ophelia has explained what this appointment involves and answered our questions. For treatment, we have discussed the intended result, possible risks and aftercare. I give permission for the appointment selected above. My child can ask to pause or stop at any time.

Parent's signature (required) _____ **Date** _____

Client's agreement

I understand what we have agreed for today. I want to go ahead and can ask to stop.

Client's signature _____ **Date** _____

Studio record

Before treatment, check the client's age against the product instructions and insurance terms.

☐ Eligible for the agreed treatment ☐ Treatment deferred

Practitioner initials _____ **Notes / record reference** _____