Jenna's
NAILS & BEAUTY

Parental Consent Form

The information being collected on this form will only be used for the purpose of parental consent for any client who is under the age of 16 and wishing to have the beauty treatment at Jenna's Nails & Beauty. We request that you complete the details below and return to us prior to treatment, this form will then be stored along with the minors record card. The parent or guardian is required to be present throughout the treatment.

Parent or Guardian

Name of Parent/Guardian:
Relationship to participant:
Address Building and street: _____ _____ Town or city: _____ County (optional): _____ Post code: _____
Contact phone number Home: _____ Mobile: _____

Participant

Name of participant:	
Participants age:	Participants birthday: dd / mm / yyyy
Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleep-walking, bed-wetting or any other illness or disability? ☐ YES/ ☐ NO. If yes, give details:	
Is he/she allergic or sensitive to anything? ☐ YES/ ☐ NO. If yes, give details:	
PARENTAL CONSENT: (i) I have read the information provided and agree to my son/daughter to have the specified treatment(s). (ii) Both myself and the participant fully understand what the treatment involves and have read and understood any pre-treatment and aftercare service. (iii) I acknowledge the need for him/her to behave responsibly at all times. (iv) I understand that the staff responsible for the activities will take all reasonable care of participants.	
Signed (parent/guardian):	Date: dd / mm / yyyy
Signed (participant):	Date: dd / mm / yyyy
Signed (therapist):	Date: dd / mm / yyyy