

PARENTAL CONSENT - CLIENTS UNDER 16

As the parent or legal guardian of _____

whose date of birth is _____, I authorise Beauty Refinery (Belle Beauty Therapy Limited) to provide consultation and beauty therapy treatments listed below. I will make Beauty Refinery fully aware of any illnesses, allergies and/or medications that he/she may have in case this affects his/her treatment. If any future conditions, allergies or medications arise I will provide details in advance of future treatments.

Treatments authorised - please list all: _____

I also agree to attend the first consultation and treatment in full, assist the aforementioned client with completing Form 1, and agree to consent on their behalf.

Name of parent/guardian: _____

Date: _____ Signature: _____

PATCH TEST

At Beauty Refinery we wish for you to have the safest and most comfortable treatment possible. Some products should be patch tested before treatment to confirm that you have no allergy to that product, even if you've had a similar treatment at another salon before without issue.

Different salons use different brands of products, therefore different ingredients may be present.

Client Name:

Treatment:

Products to be tested:

Area of test:

Length of time of test:

Skin reaction:

Therapist Name: