



Kai Kos
282 Hagley Road West
Quinton
Birmingham
B68 0NR

07817203942
info@orchidbeautyspa.co.uk

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 18 and wishing to have the beauty treatment, specified below, at Orchid Beauty Spa. We request that you complete the details below and return to us prior to treatment, this form will then be stored along with the young person's record card. If the client is under the age of 16 will also be required to have a parent or guardian present throughout the treatment.

Name of young person: _____

Treatment: _____

Please fill out your details below:

Name: _____

Relationship to young person: _____

Address: _____

_____ **Postcode:** _____

Contact Number: _____

I _____ am happy to give my consent for _____ to have the specified treatment/s. I have checked the record card details and can confirm they are correct. Both myself and the young person fully understand what the treatment involves and have read and understood any pre-treatment and aftercare advice.

Signed (parent/guardian): _____ **Date:** _____

Signed (young person): _____ **Date:** _____

Signed (therapist): _____ **Date:** _____