

 **Minor Consent Form for Chemical Services**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give consent for my minor child to receive color/chemical treatments from the**

**Hair Stylists at NOVA Hair Studio. I understand that I am financially responsible for**

**the minor and that I must schedule all appointments on their behalf. I grant permission**

**that my child may receive services with or without my presence.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**