

Shades

EST. HAIR & CO. 2022

MINOR SERVICE CONSENT FORM

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name _____

Phone Number _____ Email Address: _____

MINOR INFORMATION

Minor's Name _____

Minor's Age _____

Service Requested _____

Stylist's Name _____

CONSENT

I authorize Shades Hair & Co. to perform the requested service on the minor listed above.

I acknowledge that chemical services involve inherent risks and results may vary depending on hair condition.

Parent / Guardian Signature: _____

Date: _____