

GUARDIAN CONSENT



MINOR NAME: _____ **BIRTHDAY:** _____

EMAIL: _____ **PHONE #:** _____

GUARDIAN NAME: _____ **GUARDIAN PHONE #:** _____

HOW DID YOU HEAR ABOUT US? _____
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

Minors are permitted to receive select services at Remedi Elite Day Spa LLC. A parent or legal guardian must be present in helping complete the initial assessment for the minor, along with assisting completion of the necessary medical and consent forms for the services.

GUIDELINES:

Minors can only receive massage or facial services with written parent or legal guardian consent. In collaboration with the consenting adult and minor, the service provider will assist in establishing goals for the sessions. Appropriate draping will be used at all times during the services, only areas being treated are uncovered.

FOR CLIENTS AGES 14-15:

A parent or legal guardian must always be present in the treatment room for services.

FOR CLIENTS AGES 16-17:

Please initial if **BOTH** the client and parent or legal guardian are comfortable with the minor being in the treatment room by themselves.

INITIAL HERE: _____

I, as the parent or legal guardian of the minor above, hereby give my consent to the staff of Remedi Elite Day Spa LLC and authorize them to perform treatments. I certify that I have assisted with the medical intake, the service consent form, and this consent form and I understand and agree to all of its provisions herein. I certify that I have had the opportunity to ask questions to the staff prior to receiving treatments about the recommended treatments and that all of its risks and complications have been satisfactorily explained to me.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____