

Parental Consent Form

This letter had been generated to serve as documentation that _____
(guest's full name)

aged _____ has approval from their parent or legal guardian, _____
(age in years) (Parent/guardian name)

on _____ that the minor:
(date)

Please check ONE:

- May receive spa treatment(s) but only if Service Provider is of the same gender.
- May receive spa treatment(s) performed by a Service Provider of opposite gender.
- May receive spa treatment(s) performed by a Service Provider of either gender.

Parent/Guardian Signature: _____