ENFIELD Council

Special Treatments
Under Age Consent Form

If you are under the age of 16 you will be required to obtain the consent of your parent or guardian before we can carry out the treatment.

NB. If there is doubt we will telephone the number provided to obtain verbal consent.

If you suffer from any of the following we will not consider you suitable for treatment : Haemophilia; Metal Allergies including gold or silver; Diabetes; Thyroid disorder; Keloids; Hepatitis; or Birthmarks involving the ears i.e. port wine stains (for ear piercing).

Clients suffering from the following require doctor's permission : eczema; acne; dermatitis; or psoriasis.

Client Consent

You have requested us to carry out the treatment. Whilst every precaution will be taken to ensure the treatment is satisfactory we cannot be responsible for your aftercare where necessary.

I the undersigned have requested that you carry out the following treatment

Name of person under 16 ____

The above named minor is in good health and is not suffering from any condition that would be detrimental to my receiving the treatment. I therefore accept all responsibility.

Name of Parent/Guardian ____

Signature of Parent/Guardian ____

Address ____

Tel. No. ________________________________ **Date** ______________________