

**CONSENT FOR SERVICE OF MINOR**

I hereby authorize Renu Day Spa licensed technician to administer care as deemed necessary to:

LAST AND FIRST NAME OF MINOR: \_\_\_\_\_

RELATIONSHIP TO MINOR: \_\_\_\_\_

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at:

Renu Day Spa

617 Central Ave.

Deerfield, IL 60015

LAST AND FIRST NAME OF PARENT/GUARDIAN:

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_