

Permission Slip Form for Children

Emergency contact information

Name _____

Address: _____

Cell: _____

Email: _____

Allergies child might have _____

Permission to use in the media

I, the undersigned, do hereby grant or deny permission to events/A Hair for Kids Salon LLC to use the image of my child, (name), _____, as marked by my selection below:

____ I hereby deny permission to use my child's image at all.

____ I hereby give permission to use my child's image in print, video or digital media.

Parent/guardian signature: _____ Date: _____

I give permission for my child, (name) _____ to receive any salon and spa services and release A HAIR FOR KIDS SALON LLC from any and all liability.

Parent or guardian signature: _____
Date: _____