

# CONSENT OF PARENT OR LEGAL GUARDIAN

PROCARE Lab Co.,Ltd

Client Name(printed) : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Client's date of birth(DD/MM/YY) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(age : \_\_\_\_\_ )

**I give permission for my child(ren) to take eyelash extensions or eyelash lift procedure at PROCARE Eyelash/PLURECIL.**

Parent or Guardian                      Date :        /        /                      (DD/MM/YY)

• Name(printed) : \_\_\_\_\_

• Signature : \_\_\_\_\_

• Address : \_\_\_\_\_

\_\_\_\_\_ (ZIP \_\_\_\_\_ )

• Phone : \_\_\_\_\_

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Eyelash designer signature (サロン使用欄)

日付:    /    /

担当者名 : \_\_\_\_\_

サロン名 : PROCARE Eyelash/PLURECIL \_\_\_\_\_ branch

※ローマ字で記入後、コピーをお客様へ現本は店舗保管してください。