


SAMPLE


Please put the signature and fill out inside the red frame.

CONSENT OF PARENT OR LEGAL GUARDIAN

PROCARE Lab Co.,Ltd

Client Name(printed) : Aiko Probert
Client Signature : 
Client's date of birth(DD/MM/YY) : 05 / 02 / 2005
(age : 16)

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

Parent or Guardian Date : 31 / 07 / 20xx (DD/MM/YY)
• Name(printed) : Aimi Probert
• Signature : 
• Address : F3 VIGAS Bldg, 1-10-9, Kudankita
Chiyoda, Tokyo Japan (ZIP 1020073)
• Phone : +813-6910-0573

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。