



Under 16 Treatment Consent Form

Please sign below to confirm that you give your consent for your son/daughter to receive beauty treatments from a freelance therapist working with 1 Look Pamper.

Listed below are some contraindications to the treatments your son/daughter may have.

If you have any questions about your son/daughter receiving a treatment please contact 1 Look Pamper.

If you have any medical queries please contact your GP.

CONTRA INDICATIONS TO THERAPIES

Certain therapies on people with the following conditions may be harmful for affected areas or may require prior GP approval before treatment can commence: Allergies, Low/High Blood Pressure, History of Thrombosis, Heart Problems, Phlebitis, Varicose Veins, Epilepsy, Diabetes, Problems of the Nervous System, Skin Disorders or Infections, Haemophilia, Fever, Pregnancy, Asthma, Viral Infection, Bruising, Swelling, Cuts, Burns, Recent Fractures, Recent Operations, Recent Scar Tissue, Cancer, Undiagnosed Pain or Lumps, Acute Injuries, Circulatory Problems, first few days of Menstruation, treatment is also not advisable for anyone who has been consuming large quantities of alcohol - Please contact 1 Look Pamper if you have any concerns about receiving Treatment.

CONSENT

I declare to the best of my knowledge that my son/daughter does not have any contraindications that may be affected by the treatments they will receive from the freelance therapist booked by 1 Look Pamper, and I am happy for them to receive the scheduled beauty treatments.

Name

Relationship

Signature
