**PARENT'S/LEGAL REPRESENTATIVE'S CONSENT**

I consent to my underage child/ward

, aged years,

(name) (age)

undergoing a (microblading, permanent make-up, tattoo, ear piercing, LASER REMOVAL)

procedure

at T&M Ilusalong at C.R. Jakobsoni 14, Tallinn.

I am aware of my legal responsibilities to my underage child/ward.

I am aware of post-treatment care.

I am aware that the performer of the procedure must be presented with photo ID (a student or ID card) for the purposes of identification.

Details of parent/legal representative:

Name: Telephone:

Date and signature: