

COSMETOLOGY PERMISSION SLIP
SIGNATURE PAGE

I give _____ permission to have the following services performed on him/her while attending the Cosmetology Program. Please check all that apply. (This does not include mock procedures). Students are required to pay for chemical services and artificial nails **PRIOR** to having the service performed. Services may only be done if the instructor gives permission.

_____ Perming	_____ Relaxers
_____ Hair Color	_____ Highlighting
_____ Lightening	_____ Primary coloring
_____ Hair cut	_____ Waxing
_____ Artificial nails	

I also understand that the students supervised by the instructor do all services. I accept responsibility and release WMCTC, its personnel, and students from any liability.

Student: _____ Date: _____

Social Security No*: _____

* Required for the reporting of hours to the State Board of Cosmetology

Parent/Guardian: _____ Date: _____

**YOUR SIGNATURE ACKNOWLEDGES THAT YOU HAVE READ AND
UNDERSTOOD ALL POLICIES IN THIS PACKET**

MEDICAL INFORMATION

Please list any medical conditions your son/daughter may have that might hinder their participation in the Cosmetology Program. This may include asthma, allergies, foot trouble or back problems.
