

Teen Class Permission Slip

Wig Making & Customization | Parent or guardian consent

Complete and sign before the class. Give this form directly to Hair by Tay LC; do not post it publicly. Class date, location, and enrollment are confirmed separately.

STUDENT & CLASS

Student name _____

Age _____ Class date / time _____

Class location _____

PARENT / GUARDIAN & EMERGENCY CONTACT

Parent / guardian name _____

Relationship to student _____ Phone _____

Alternate emergency contact _____

Relationship _____ Phone _____

ALLERGIES, SUPPORT & PICKUP

List relevant product / latex allergies or support needs (or write "none").

Authorized pickup adult(s) _____

Arrange pickup and any supervision requirements with the instructor before class.

PERMISSION TO PARTICIPATE

I am the parent or legal guardian of the student named above and give permission for them to attend the confirmed Hair by Tay LC teen wig-making class. I understand that supervised activities may involve sewing needles, pins, scissors, and styling products. I will discuss relevant allergies and support needs with the instructor before participation.

The student will follow the instructor's safety directions. Hair by Tay LC may contact me or the alternate contact if needed. If an urgent emergency occurs, staff may call emergency services. This form does not authorize photos or videos for publicity.

Parent / guardian signature _____ Date _____

Student signature _____ Date _____