



Guiding Your Journey to Relaxation and Wellbeing

64 E. Swamp Road • Doylestown, PA 18901

serenity-dayspa.com • 215-230-3487

Minor Consent Form

Please complete form for consent to treat a minor.

Minor Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number to confirm appointments _____ cell home _____

E-mail _____

Authorization.

By Signing below I hereby authorize Serenity Day Spa and Wellness Center
to provide services to my son/daughter _____ (Enter child's name)

Print Name Parent/Guardian _____

Parent/Guardian Signature _____

Date _____