



Haircut Permission Form

I, _____, the legal guardian of, _____, (patient) give "EAMF" (Elizabeth A. MacDonald Charitable Foundation) my permission to have his/her hair cut by a licensed hairstylist free of charge. I understand that haircuts are subjective and no particular result is guaranteed, although parental (guardian) requests will be accommodated as best as possible.

I give permission that in the event photographs are taken during the haircut they can be used for promotional use only, i.e. eamf.org, EAMF/Choose When 2 Lose Facebook and marketing materials. (At no time will EAMF identify the child by name, hospital or diagnosis.)

I understand that _____, (hospital) and participating staff members will be held harmless from any or all liability arising from this activity.

I understand that EAMF and participating volunteers will also be held harmless from any or all liability arising from this activity.

Date

Guardian Signature

Address

EAMF Supporter



Elizabeth A. MacDonald Charitable Foundation

7095 Hollywood Blvd. #490 • Hollywood, CA 90028 • 855.687.EAMF (3263) • www.eamf.org