

# Hairpiece Acceptance Form



## Instructions

- Our non-profit is required to collect this form confirming the hairpiece has been received.
- The recipient guardian will complete the left side upon receipt of the hairpiece.
- Bring this form to the salon for stylist sign off at the cut-in/styling appointment.
- If the family does not return to the salon, or child has worn the hairpiece then this form is due immediately.

**The process is not complete without submission of the parent portion of this form to Wigs For Kids.**

**The Recipient Family will mail, fax, or email the form to:**

Wigs For Kids  
24231 Center Ridge Rd  
Westlake, OH, 44145  
Attn: Recipient Department  
(Fax) 440.835.1084  
(Email) recipients@wigsforkids.org

### Parent/Guardian Approval

Name of Recipient Child:

\_\_\_\_\_

This is to confirm that on this date \_\_\_\_\_ that

\_\_\_\_\_ (name of recipient) has taken delivery of hairpiece. I have inspected the unit and acknowledge that it is in good condition. I understand that once the hairpiece has been styled, it cannot be returned.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian Acceptance

I fully understand that this hairpiece, like growth hair, is subject to damage by any chemical processing. Therefore, I understand that this business, its distributors, and stylist assume no responsibility, or liability for processing which include cuts, permanents, and coloring. In view of the above, I accept full responsibility for any processing that may result in damage to the hairpiece.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Salon Approval

Name of Salon:

\_\_\_\_\_

Name of Stylist:

\_\_\_\_\_

Salon Address:

\_\_\_\_\_

\_\_\_\_\_

Salon Phone Number:

\_\_\_\_\_

This is to confirm that on this date \_\_\_\_\_ that I have inspected the unit and acknowledge that it is in good condition. I understand that once the hairpiece has been styled, it cannot be returned.

Stylist Signature: \_\_\_\_\_

Date: \_\_\_\_\_