

## Lash Lift/Tint & Brow Tint Consent Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you wear contacts? Yes/No

Have you ever used hair color before? Yes/No

Have you ever had an allergic reaction to hair color? Yes/No

Have you ever had your brows or lashes tinted? Yes/No

If you had an adverse reaction to a previous tinting, please describe:

\_\_\_\_\_

Please list any and all allergies you may have:

\_\_\_\_\_

Do you have diabetes, lupus, or any auto-immune disease? Yes/No

If yes, please describe: \_\_\_\_\_

Are you using any prescription skin care products? Yes/No

If yes, please describe: \_\_\_\_\_

Please list any other medications, vitamins and or supplements you are taking:

\_\_\_\_\_

Although every precaution will be made to ensure your safety and well-being before, during and after your service, be aware of the possible risks below. Please initial.

\_\_\_\_ I understand that tinting lashes and brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging/burning, blurry vision and potential blindness.

\_\_\_\_ I understand that if any of the lifting/tinting agents accidentally comes into direct contact with my eye, my eyes will be flushed with water and medical attention may be required.

\_\_\_\_ I understand that some irritation, itching or burning may occur to the skin surrounding the area due to contact with the lifting/tinting agent.

\_\_\_\_ I understand that I am responsible for letting my service provider know if the lifting/tinting agent is causing any of the risks listed above and shall notify them if the service needs to be stopped.

\_\_\_\_ I understand there may be some residual dark staining left on the skin following any tinting service and that it will fade and go away within a short time.

\_\_\_\_ I understand that every attempt will be made to provide me with my chosen color, however, everyone's hair and lashes absorb differently and my final results may not be the color I initially wanted.

\_\_\_\_ I understand that over the course of several weeks, the lift/tint will gradually lighten and fade. Upkeep is required for the optimal results. Most clients need to re-tint every 3-4 weeks.

I have read the information above and understand the risks and have answered all questions accurately and honestly. I give my Esthetician (whose signature appears below) permission to perform this service and will hold her harmless from any liability that may result from this service. If I have any questions or concerns, I will address them with my Esthetician. I do not hold my Esthetician responsible for any of my conditions that were present, but not disclosed at the time of the service, which may be affected by the service itself.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Esthetician Signature: \_\_\_\_\_

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