

# Salon and Beauty Treatment Consent Form

Please read this form carefully and fill out all sections prior to your treatment. This form is required to ensure your safety and to customize your beauty treatment to your specific needs.

## 1. Client Information

Full Name:

Phone Number:

Email Address:

Date of Birth:

## 2. Medical History & Skin Profile

Please answer the following questions accurately to help us avoid any adverse reactions.

Do you have any known allergies (e.g., latex, nuts, cosmetics, fragrances)?

Are you currently using any prescription skin medications (e.g., Retin-A, Accutane)?

Are you pregnant, nursing, or planning a pregnancy?

List any recent cosmetic procedures (e.g., chemical peels, laser, botox, fillers):

## 3. Treatment Details

Scheduled Treatment / Service:

Date of Service:

## 4. Informed Consent and Liability Waiver

By signing below, I acknowledge and agree to the following:

- I understand that the beauty and salon treatments provided carry certain inherent risks, including but not limited to skin irritation, redness, swelling, allergic reactions, or dissatisfaction with the aesthetic results.
- I confirm that I have provided a complete and accurate medical history, and I have disclosed all known allergies, skin conditions, and medications.
- I understand that withholding medical information may lead to adverse side effects, and I agree that the salon and its technicians will not be held liable for any reactions resulting from undisclosed information.
- I consent to the specific treatment discussed with my beauty technician and understand that individual results may vary.
- I agree to follow all post-treatment care instructions provided by the technician to ensure optimal results and minimize risks.

## 5. Acknowledgment and Signatures

I have read this consent form in its entirety, understand its contents, and voluntarily agree to proceed with the treatment.

Client Signature (Print Name to Sign):  Date:

Technician/Esthetician Signature:  Date: