



## **Eyelash Extensions Consent Form**

- I understand that there are risks associated with having artificial eyelashes applied to and/or removed from my natural lashes.
- I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes.
- I understand that as part of the procedure eye irritation, pain, itching discomfort and in rare cases eye infection may occur.
- I understand and agree that if I experience any of these issues with my lashes I will contact my technician and have the eyelash extensions removed immediately and consult a physician at my own expense.
- I understand that even though the technician may apply and remove the eyelash extensions properly, that adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.
- I understand and agree to follow the aftercare instructions provided by my technician. Failure to follow the aftercare instructions may cause the eyelash extensions to fall out.
- I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-180 minutes during the procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean that I will not be able to have the procedure performed on my eyes.
- This agreement will remain in effect for this procedure and all future procedures conducted by my technician or any other technician conducting business at the salon/spa listed below. I understand that this agreement is binding and that I have read and fully understand all information above. I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.
- I release my technician or salon/spa ( \_\_\_\_\_ ) from all liability associated with this procedure. There are no guarantees for the bonding time length of the eyelash extensions. Our company or salon is not responsible for any technician errors. I understand that I have been advised to follow the aftercare protocol from my technician so as to avoid any discomfort or adverse side effects after the procedure has been completed.

**By signing below, I verify that I have read and understand the above statements and agree to them.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**-Please complete page 2 of this form-**

**The following conditions may determine that you are not suitable for eyelash extensions**

Medical Information	Adverse Reaction	Yes	No
Allergy to adhesives (glues, tapes, band aids)	Eyelash extension uses tape, glues and gel pads that may cause a reaction		
Chemotherapy treatments within the last 6 months	The medication for chemotherapy may cause a reaction to the materials used for eyelash extensions		
Thyroid medication	Eyelash extensions will not last due to the medication in the system		
Lasik surgery or blephoroplasty within the last 6 months	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glue, gel pads)		
Use of eyelash growth serums/conditioners	Can contain ingredients (such as glycerin, oil) that may interfere & affect the glue and its bonding power. <b>It is suggested to discontinue use of any growth product prior to application of eyelash extensions.</b>		
Contact lenses	Glue used to apply the eyelash extensions may get underneath the contact lens and can cause abrasion or scratching. <b>Contacts must be removed prior to eyelash extension application</b>		
Extremely oily skin and hair	Natural oils can break down the adhesives used to bond the eyelash extensions causing them to fall out		

**The information I have given on this form is correct. I have not misrepresented myself nor have I withheld any medical information, surgical state or condition.**

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

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Parent or guardian (if under 18 years of age) Name & Signature