

## WAXING CONSENT FORM

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

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

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

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

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

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

Are you using Retin-a, Renova or Accutane?

Are you using any other skin thinning products and/or drugs that thin the blood?

Are you exposed to the sun tanning beds on a daily basis or are you considering spending more time in the sun soon?

Are you diabetic?

Do you bruise easily?

Are you currently taking medications? If so, please list

When is your menstrual cycle due? \_\_\_\_\_ (We ask this only because you are more sensitive to waxing just before your period/caffeine/pregnancy/alcohol)

**Please note that waxing can have certain side effects such as skin removal, redness, swelling, tenderness, etc.**

I have read the above information and have given an accurate account of the questions and if I have any concerns, I will address these with my Esthetician. I give permission to my Esthetician to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand that my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Name/Date (printed) \_\_\_\_\_