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**CONSENT FORM**

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to the service provider at The Haven.

\_\_\_\_\_\_ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other

peels, exfoliated or tanned in the last 72 hours.

\_\_\_\_\_\_ Some possible side effects include redness, swelling and pimples, but these are temporary and

generally, fade within 72 hours.

\_\_\_\_\_\_\_ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

\_\_\_\_\_\_\_ I am over 18 years of age, or I have parental consent co-signed below.

IF YOU ARE USING ANY OF THE FOLLOWING MEDICATIONS, YOU CAN NOT BE WAXED TODAY: -

ACCUTANE - ADAPALENE - ISOTRETINOIN - RETIN-A - RENOVA - ALUSTRA - AVITA - TAZAROTENE - TRETINOIN - AVAGE – DIFFERIN

If taking Accutane, you need to be off of it for a minimum of 12 months before waxing.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all the statements that I have initialed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Signature Date