

# Rebellious Sugar Studio

## Minor's Sugaring Consent Form

Minors Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Sugaring is an amazing & gentle way of hair removal, however; you have the right to be informed of steps for said procedures which include benefits, risks, side effects & post care instructions. At any given moment you may decide to stop or no longer proceed with such procedures. You are encouraged to ask our Rebellious Sugar Studio staff any questions or concerns you may have, during or after procedures. Below are a few questions that may inform the staff if Sugaring is appropriate for you.

**Have you taken Accutane within the last Year? \_\_\_\_\_ Date of last dose: \_\_\_\_\_**

**Are you pregnant, diabetic, or receiving cancer treatments? \_\_\_\_\_**  
**Please elaborate further: \_\_\_\_\_**

**Have you recently received any exfoliating treatments or chemical peels? \_\_\_\_\_**  
**Which treatment & Date: \_\_\_\_\_**

**Are you using any acne medications (over the counter or prescribed by a doctor) including Retin-A, Differing, Tazorac, Atralin, Retinoids, Tetracycline, Alpha Hydroxy Acids, etc... \_\_\_\_\_ Date of last useage: \_\_\_\_\_**

**Are you on any antibiotics, birth control or hormone replacements? \_\_\_\_\_**

**Do you have Lupus, AIDS or other chronic conditions that may compromise the skins barrier? \_\_\_\_\_**

**Do you have any allergies to Eucalyptus, Lavander, or Teatree? \_\_\_\_\_**

**Have you used a tanning bed or have had prolonged sun exposure (UV Rays) within the last 24-48 hours? \_\_\_\_\_**

**Do you have Rosacea, Eczema, Psoriasis, Cracked or Open Skin/Sores, severe Varicose Veins or any other skin sensitivities? \_\_\_\_\_**

Please note that Sugaring is a form of Hair Removal that may cause certain side effects such as redness, swelling, sensitivity, tenderness, antihistamine reactions, etc.

At Rebellious Sugar Studio, every Esthetician inform each client of post care instructions & care. I am willing to follow recommendations given by my Esthetician to minimize or eliminate possible negative reactions. In the event that I may have any further questions or concerns, I will consult with Rebellious Sugar Studio immediately.

By signing this form, I consent to continue with said procedures & have filled this form to the best of my abilities & knowledge.

Minors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rebellious Sugar Studio Initials: \_\_\_\_\_