Savvy Waxing Name:

 7111 FM 2920 Suite 112 Date:

Spring, TX 77379

Waxing Consent Form

Have you taken Accutane within the past year? ☐ yes ☐ no

Are you using Retin-A, Differin, or Renova? ☐ yes ☐ no

Are you taking any medications that make you photosensitive? ☐ yes ☐ no

Do you frequent tanning beds? ☐ yes ☐ no

Are you currently sunburn? ☐ yes ☐ no

Are you Diabetic? ☐ yes ☐ no

Do you currently have or have you had any of the following medical conditions that could compromise your skin and/or services being offered:

☐ AIDS/HIV ☐ HEPATITIS ☐ VARICOSE VEINS ☐ ECZEMA/PSORIASIS

☐ HERPES ☐ CANCER ☐ COLD SORES/FEVER BLISTERS

\*\*\*\*\*Please read the following warnings\*\*\*\*\*

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

You may experience skin sensitivity/thinning, which can result in skin lifting, from the following:

-sunburned skin -retinol -certain medical conditions

-pregnancy -antibiotics -other medications not listed

-menstruation

Consent and Signature:

I understand that if I begin use, or are currently using, any of the products listed in the above warning and do not inform the esthetician prior to current or future treatments, I accept full responsibility for any adverse reactions. Also, if I am experiencing any of the conditions listed above and consent to wax I accept full responsibility that may also lead to any adverse reactions.

I understand that waxing may cause some redness, bumps, soreness, and/or itching.

Client Signature

Parent/Guardian Consent {Under 18 yrs of age)