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## Scalp Micro Arts Latex Allergy Policy

This document outlines the policy regarding latex allergies for clients undergoing permanent makeup procedures at Scalp Micro Arts, located in Wayne, NJ. Latex allergies can pose significant risks to individuals, and it is crucial to take appropriate measures to ensure the safety and well-being of our clients.

Policy Statement: At Scalp Micro Arts, we are committed to providing a safe and comfortable environment for all clients. We recognize that some individuals may have latex allergies, and we take proactive steps to minimize the risk of exposure during permanent makeup procedures.

Client Notification: Prior to scheduling a permanent makeup procedure, clients will be asked to disclose any known latex allergies. This information will be collected during the initial consultation or through a pre-procedure questionnaire. Clients are encouraged to communicate any relevant medical information to ensure their safety during the procedure.

Latex-Free Environment: To minimize the risk of latex exposure,Scalp Micro Arts maintains a latex-free environment in the procedure area. Latex-containing products, such as gloves and other supplies, will not be used during permanent makeup procedures for clients with known latex allergies.

By implementing this latex allergy policy, Scalp Micro Arts aims to provide a safe and inclusive environment for all clients undergoing permanent makeup procedures. We are committed to maintaining the highest standards of safety and care, and we appreciate the cooperation of our clients in disclosing any relevant medical information.

I, \_\_\_\_\_\_, acknowledge that I have been informed of Scalp Micro Arts' commitment to providing a safe and inclusive environment for all clients undergoing permanent makeup procedures in accordance with applicable health and safety regulations in the state of New Jersey. I understand that this policy outlines the measures taken to effectively manage clients with latex allergies during permanent makeup sessions.

By signing below, I confirm that I have read, understood, and agree to the terms outlined in this informed consent document regarding the management of my latex allergy during permanent makeup procedures at Scalp Micro Arts.

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