

Eyelash Extensions Consent Form

I have agreed to have eyelash extensions applied and/ or removed from my eyelashes. Before my qualified professional eyelash technician can perform this procedure, I understand I must complete this agreement and provide my consent by signing and dating this to page consent form where indicated below.

The following conditions May determine that you are not suitable for eyelash extensions:

<u>Condition</u>	<u>Adverse Reactions</u>	YES	NO
Allergic to adhesives (Clues, tapes, band-aids, etc)	Eyelash Extensions use adhesive tape, glue and gel pads that may cause an allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy treatments within the last 6 months	Medication for chemotherapy may cause a reaction to the materials used for eyelash extensions	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid medications	Eyelash extensions will not last due to the medication in the system	<input type="checkbox"/>	<input type="checkbox"/>
LASIK surgery less than 4 months (must wait 4 weeks post-op exam for medical consent)	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads)	<input type="checkbox"/>	<input type="checkbox"/>
Blepharoplasty (Must wait 4 weeks post-op exam for medical consent)	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads)	<input type="checkbox"/>	<input type="checkbox"/>
Contact lenses	Glue used to apply the eyelash extensions make it underneath the contact lens and cause corneal abrasion or scratching. Contact lenses must be removed prior to eyelash extension procedures	<input type="checkbox"/>	<input type="checkbox"/>
Extremely oily skin and hair	Natural oils will break down the adhesive used to bond the eyelash extensions causing the eyelash extensions to fall out	<input type="checkbox"/>	<input type="checkbox"/>

I agree to the following:

I understand there are risks associated with having artificial eyelashes applied to and/ or removed from my natural eyelashes.

I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the clients natural eyelashes.

I understand as part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases an eye infection can occur.

I understand and agree that if I experience any of these issues with my lashes that I will contact my technician and have the eyelashes removed immediately and consult a physician at my own expense.

I understand that even though the technician may apply and remove the eyelashes properly, adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care.

I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for a duration of up to 60 to 100 minutes during the procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged amount of time may mean I will not be able to have the procedure performed on my eyes.

This agreement will remain in effect for this procedure and all future procedures conducted by my technician. I understand that this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over 18 years of age. If below 18 years of age, a parent or Guardian is also to sign this form.

Appointment Policy

Last minute schedule changes directly affect our operations and income, which as you can imagine is detrimental to a small business. For this, C Divine Lashes values your business and asks that you respect our business scheduling policies.

Late

If you arrive more than 15 minutes past your scheduled appointment time, we will have to cancel and reschedule your appointment.

Cancellations

Please notify us **at least 24 hours in advance** of any cancellation. Any cancellations with less than 24 hours notice are subject to a cancellation fee of \$50.

No Shows

Please understand that when you forget or cancel your appointment without notice, I miss the opportunity to fill that appointment time and my client waitlist misses the opportunity to receive services at that time. For this, "No Shows" will be charged 100% of the reserved service amount.

Client Name (Printed) _____

Client Name (Signature) _____ Date _____

Lash Extension Specialist _____