## **WAXING CONSENT FORM**

(A MINOR). SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18):						
I,				_ WAXING T	REATMENT O	N
PARENT/GUARDIAN CONSENT (UNDER 18 YRS OF AGE):						
CLIENT SIGNATURE:						
CLIENT CONSENT (OV	/ER 18 YRS OF AGE):					
I UNDERSTAND THAT V	VAXING MAY CAUSE SC	ME REDNESS, BUMPS,	, SORENESS,	AND/OR ITCH	ING.	
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.						
CONSENT AND SIGNA	ATURE:					
- SUNBURNED SKIN - PREGNANCY - MENSTRUATION	- RETINOL - ANTIBIOTICS	- CERTAIN MEDICAL CONDITIONS - OTHER MEDICATIONS NOT LISTED				
THE FOLLOWING:						
YOU MAY EXPERIENC	E SKIN SENSITIVITY/T	HINNING, WHICH CA	AN RESULT I	N SKIN LIFTII	NG, FROM	
- ACCUTANE - RENOVA - TRETINOIN	- ADAPALENE - ALUSTRA - AVAGE	- ISOTRETINOIN - RETIN-A - AVITA - TAZAROTENE - DIFFERIN				
IF YOU ARE USING AN	NY OF THE FOLLOWIN	G MEDICATIONS, YO	U CAN NOT	BE WAXED 1	ΓODAY:	
**PLEASE READ THE FOLLOWING WARNINGS**						
ECZEMA/PSORIASIS  COLD SORES/FEVER BLISTERS		HERPES		CANCER		
AIDS/HIV		HEPATITIS		VARICOSE \	/EINS	
THAT COULD COMPR					DITIONS	
ARE YOU DIABETIC?  DO YOU CURRENTLY HAVE OR HAVE YOU F		L	YES	NO	DITIONS	
ARE YOU CURRENTLY SUNBURN?			YES	NO		
DO YOU FREQUENT TANNING BEDS?			YES	NO		
		I MAKE YOU PHOTO:		LJ NO	1E2	NO
ARE YOU TAKING AN		_			YES	NO
			YES	NO		
HAVE YOU TAKEN AC	CUTANE WITH THE P	AST YEAR?	YES	NO		

\*\*IF ANY PROBLEMS OR ISSUES OCCUR POST WAXING, PLEASE CONTACT US IMMEDIATELY!\*\*