

# Client Consent—Makeup Application

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I hereby consent to and authorize \_\_\_\_\_ to perform a makeup application.  
(esthetician)

The nature and purpose of the products to be used in this service has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible risks and complications. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the service and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care service, which may be affected by the treatment performed today.

Client Name (printed) \_\_\_\_\_

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

Esthetician \_\_\_\_\_ Date \_\_\_\_\_