

**EYE LASH LIFT/TINT
AND BROW TINT CONSENT FORM**

Today's Date: ____ / ____ / ____

Client Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Parent / Guardian's Name & Phone: _____
(for clients who are under age 18): First Last Cell Phone

Address: _____ Home phone: _____

_____ Cell Phone: _____

Email: _____ Cell phone provider (for texts): _____

Please PRINT CLEARLY

How did you hear about us? Please check one:

Magazine/Newspaper Online Ad Online Search Current Client (Name): _____

Other: _____

Are you a current member at LaVida Massage & Skincare? Yes ____ No ____

Eye Lash Lift, Tint & Brow Tint Treatment Consent

Have you ever had a reaction or allergic reaction to hair color before? ____ YES ____ NO

Are you currently under physicians care for Lupus, Diabetes, or any auto-immune disease? ____ YES ____ NO

Have you ever had your lashes/brows tinted or permed before? ____ YES ____ NO

Please list any medications (oral or topical) that you are currently taking:

I am informing my technician of the following conditions by marking with a **check any and ALL that apply:**

____ Current use of contact lenses, which I agree to remove during application

____ Current use of anything such as oil-containing sunscreen or moisturizers around the eyes

____ Current use of eye drops of any kind, prescription or over-the-counter

____ Allergies/sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that may cause excessive eye watering/blinking

____ History of recurrent eye or tear duct infections

____ History of dry eyes or Sjorgen's Syndrome

____ Recent history of Chemotherapy

____ Other medical conditions, which would prohibit or compromise the process and retention of this eyelash perm

- PLEASE TURN OVER TO CONTINUE -

Eye Lash Lift, Tint & Brow Tint Treatment Consent (continued)

PLEASE INITIAL:

- _____ I understand there are risks associated with having an eyelash perm and/or eyelash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact my Esthetician and consult a physician at my own expense.
- _____ I understand that even though my Esthetician perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care.
- _____ I understand and agree to the care instructions provided by my Esthetician for the use and care of my permed and/or tinted eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay permed as long as told.
- _____ I understand and consent to having my eyes closed and covered for the duration of the 45-minute procedure.
- _____ I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.
- _____ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.
- _____ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.
- _____ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.
- _____ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.
- _____ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.
- _____ **No water can come in contact with the eye area for 24 hours after the application**

This agreement will remain in effect for this procedure and all future procedures conducted by my technician. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to treatment. I release my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for length of time the lashes will stay permed. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the eyelash lift such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them and that permission is granted to take photos of my eyes / face which may be used for marketing purposes on our website or social media.

Client Name: _____ Date: _____ Signature: _____
Please PRINT CLEARLY

If signing as a guardian for a minor, please indicate your name and relationship to the client:

Name: _____ Date: _____ Relationship: _____

Esthetician Signature: _____ Date: _____