

CLIENT CONSENT FORM

Consent for professional hair removal services

CLIENT & SERVICE

Client Name _____

Date _____

Area(s) to be treated _____

Practitioner _____

CONSENT & ACKNOWLEDGEMENTS

- ☐ I completed the consultation form accurately and disclosed relevant health, skin, medication, allergy and treatment information.
- ☐ I understand temporary redness, warmth, tenderness, sensitivity or small bumps may occur after hair removal.
- ☐ I understand results and skin response vary and no specific result can be guaranteed.
- ☐ I agree to follow aftercare instructions and contact my practitioner if I have a concerning or unexpected reaction.
- ☐ I will disclose changes in medications, topical products, health conditions, pregnancy status, recent procedures or skin condition before future appointments.
- ☐ I have had the opportunity to ask questions and received answers I understand.
- ☐ I voluntarily consent to the professional hair removal service described above.

OPTIONAL PHOTO CONSENT

Photo consent is optional and is not required to receive a service.

- ☐ I consent to before/after photos for my client record only.
- ☐ I consent to before/after photos for the practitioner's business marketing, education and social media, with identifying details avoided unless I separately approve otherwise.
- ☐ I do NOT consent to photographs.

MINOR CLIENT - PARENT / GUARDIAN CONSENT

Complete only when applicable. I confirm that I am the parent or legal guardian of the minor client and authorize the service described above.

Parent / Guardian Name _____

Relationship _____

Parent / Guardian Signature _____

Date _____

AUTHORIZATION

By signing below, I confirm that I have read and understood this consent form and authorize the practitioner to perform the agreed professional hair removal service.

Client Signature _____

Date _____

Practitioner Signature _____

Date _____