

## 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 2 page consent form where indicated below.

**The following conditions may determine that you are not a suitable for eyelash extensions:**

Condition	Adverse Reactions	Yes I have the condition	No I do not have the condition
Allergic to adhesives (glues, tapes, band aids, etc.)	Eyelash extension uses adhesive tapes, glue and gel pads that may cause an allergic reaction		
Chemotherapy Treatments within the last 6 months	Medication for chemotherapy may cause a reaction to the materials used for eyelash extensions		
Thyroid Medications	Eyelash extensions will not last due to the medication in the system		
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).		
Blephoroplasty (must wait 6 months post-op for medical consent)	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads).		
Contact Lenses	Glue used to apply the eyelash extensions may get underneath the contact lens and cause corneal abrasion or scratching. <b>Contact lenses must be removed prior to eyelash extension procedures</b>		
Extremely oil skin and hair	Natural oils will break-down the adhesives used to bond the eyelash extensions causing the eyelash extensions to fall out		

**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 client's natural eyelashes.

I understand as part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases eye infection may 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, that adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.

I understand and agree to follow the after care instructions provided by my technician. Failure to follow the after care instructions can cause the eyelash extensions to fall out.

I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-100 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 period of time may mean I will not be able to have the procedure performed on my eyes.

This agreement will remain in effect for the procedure and all future procedures conducted by my technician for one year from the date of this signed form. 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 the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (Printed Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or guardian (if under 18 years of age) Name and signature \_\_\_\_\_