

# KENT COUNTY

PARAMEDICAL AESTHETICS & SPA

## LASH EXTENSIONS, PERM & TINT CONSENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

I \_\_\_\_\_ agree to have an (**circle**) eyelash extension, eyelash perm or eyelash tint applied to my natural eyelashes. By signing this agreement, I consent to the procedure of an eyelash perm by Kent County Paramedical Aesthetics & Spa.

Please read and initial below:

\_\_\_\_ I understand there are risks associated with having an (**circle**) eyelash extension, eyelash perm 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 understand that even though Kent County Paramedical Aesthetics & Spa perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes.

\_\_\_\_ I agree that if I experience any of these medical conditions with my lashes that I will contact Kent County Paramedical Aesthetics & Spa and consult a physician at my own expense.

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the 45–60 minute procedure.

\_\_\_\_\_ I understand there are no guarantees and RESULTS WILL VARY.

\_\_\_\_\_ It is my responsibility to discuss desires results with my service provider and to ask any questions I may have about the lash perm before I receive the service.

\_\_\_\_\_ I understand that there are many factors that may affect the life of the eye lash perm such as; water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

\_\_\_\_\_ Because RESULTS VARY and are NOT GAURANTEED, refunds will not be issued results are not desired. There will be a 50% charge for re–do’s.

I am informing Kent County Paramedical Aesthetics & Spa of the following conditions (please initial check those 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

\_\_\_\_\_ Current allergies or sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water and blink in excess

\_\_\_\_\_ 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 (**circle**) eyelash extension, eyelash perm or eyelash tint.

I release Kent County Paramedical Aesthetics & Spa 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. This agreement will remain in effect for this procedure and all future procedures conducted by Kent County Paramedical Aesthetics & Spa. 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.

**24- hour notice is required for any canceled or rescheduled appointment or 50% of service price will be charged. Failure to show without notice will require in full payment of service booked.**

By signing below, I verify that I have read and understand the above statements and agree to them.

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

Date: \_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician Signature: \_\_\_\_\_