

# LASH CONSENT FORM

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**Business Name:** \_\_\_\_\_

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

*General consent form covering all lash services — extensions, lifts, and tints. Includes allergy screening and aftercare acknowledgment.*

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*\* Required fields*

**Full Name \***

*Jane Doe*

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**Email \***

*jane@email.com*

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**Phone Number \***

*(555) 123-4567*

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**Date of Birth \***

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**Service type \***

*Options: Lash Extensions / Lash Lift / Lash Tint / Lash Lift + Tint / Lash Removal*

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**Have you had this service before? \***

*Options: Yes / No*

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**Any known allergies?**

*Adhesives, latex, dyes, perming solutions...*

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**Do you have any eye conditions?**

*Dry eyes, recent eye surgery, styes...*

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**Are you pregnant or nursing? \***

*Options: Yes / No / N/A*

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I acknowledge the risks and agree to follow aftercare instructions \*

**Client Signature \***

*Sign here*

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

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**CONSENT / WAIVER**

I consent to the lash service selected above and acknowledge that risks may include allergic reactions to adhesive, perming solution, or tint; eye irritation; natural lash damage; and temporary redness or swelling. I have disclosed all allergies, eye conditions, and medications. I agree to follow aftercare instructions and understand that failure to do so may affect results. I release the service provider from liability for reactions due to undisclosed conditions.

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

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

**Print Name:** \_\_\_\_\_