

LASH EXTENSION CONSENT FORM

Business Name: _____

Date: _____

Consent form for eyelash extension services including allergy disclosures, adhesive sensitivity warnings, and aftercare acknowledgment.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Type of lash service *

Options: Classic Full Set / Volume Full Set / Hybrid Full Set / Mega Volume / Lash Fill / Lash Removal

Have you had lash extensions before? *

Options: Yes / No

Have you ever had an allergic reaction to lash adhesive? *

Options: Yes / No / Unsure

Do you have any eye conditions?

Dry eyes, blepharitis, styes, conjunctivitis...

Are you currently using eye drops or medications?

Latisse, glaucoma drops, allergy drops...

Do you wear contact lenses? *

Options: Yes / No

I understand adhesive contains cyanoacrylate and may cause irritation *

I agree to follow aftercare instructions provided *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I understand that eyelash extension application involves bonding synthetic fibers to my natural lashes using adhesive containing cyanoacrylate. I acknowledge the risks including but not limited to: allergic reaction, eye irritation, redness, swelling, natural lash damage, and sensitivity to fumes. I have disclosed all known allergies, eye conditions, and medications. I understand that a patch test is recommended for first-time clients. I agree to follow all aftercare instructions and understand that failure to do so may result in premature lash loss or irritation. I release the service provider from liability for reactions resulting from undisclosed conditions.

Client Signature: _____

Date: _____

Print Name: _____