

LASH LIFT CONSENT FORM

Business Name: _____

Date: _____

Consent form for lash lift and lash perm services. Covers chemical processing risks, contraindications, and expected results.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Service *

Options: Lash Lift / Lash Lift + Tint / Lash Perm

Have you had a lash lift or perm before? *

Options: Yes / No

Do you currently have lash extensions? *

Options: Yes / No

Any allergies to perming solutions, dyes, or adhesives?

Any eye conditions or recent eye surgery?

Are you pregnant or nursing? *

Options: Yes / No / N/A

I understand results last 6-8 weeks and vary by lash type *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to a lash lift/perm treatment using chemical processing solutions. I understand that results vary based on natural lash length, thickness, and condition. Risks include irritation, allergic reaction to perming solution or tint, over-processing, and temporary lash damage. Results typically last 6-8 weeks. I have disclosed all allergies and eye conditions. I release the provider from liability for results within the normal range of outcomes.

Client Signature: _____

Date: _____

Print Name: _____