

WAXING CONSENT FORM

Business Name: _____

Date: _____

A consent form for waxing services covering skin sensitivity, allergies, and aftercare instructions. Ready to use for any waxing salon or esthetician.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Area(s) to be waxed *

Options: Eyebrows / Upper Lip / Full Face / Underarms / Arms / Legs / Bikini / Brazilian / Back / Chest / Other

Have you had waxing done before? *

Options: Yes / No / First time for this area

Are you currently using any of the following?

Retinol, Accutane, AHA/BHA, antibiotics, blood thinners...

Do you have any skin conditions or allergies?

Eczema, psoriasis, allergies to adhesives...

Are you pregnant or nursing? *

Options: Yes / No / N/A

I understand that waxing may cause redness, irritation, or ingrown hairs *

I confirm all information provided is accurate *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I acknowledge that waxing services involve the removal of hair from the root and may result in temporary redness, irritation, bumps, or ingrown hairs. I have disclosed all medications, skin conditions, and allergies that may affect this service. I understand that Retinol, Accutane, AHA/BHA products, and certain medications can cause skin lifting during waxing, and I confirm I've stopped use per my technician's guidance. I release the service provider from liability for reactions resulting from undisclosed conditions or medications.

Client Signature: _____

Date: _____

Print Name: _____