Lash Services Consent

EXTENSIONS | FILLS | LIFT AND TINT

Client information

FULL LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

PHONE

EMAIL

EMERGENCY CONTACT AND PHONE

Service requested

[ ] Full lash extension set
[ ] Lash fill
[ ] Lash removal
[ ] Lash lift
[ ] Lash tint
[ ] Consultation

Health and eye history

Check any item that applies now or has applied recently. Explain checked items below.

[ ] Eye infection, irritation, or swelling
[ ] Allergy to adhesives, cyanoacrylate, or latex
[ ] Very watery eyes or difficulty keeping eyes closed
[ ] Dry eye, glaucoma, or other diagnosed eye condition
[ ] Current prescription eye medication
[ ] Recent facial treatment or peel
[ ] Recent eye surgery or procedure
[ ] Sensitivity to tape, gel pads, or cosmetics
[ ] Contact lenses worn today
[ ] Pregnant or nursing
[ ] History of reaction to lash services
[ ] Other condition relevant to this service

PLEASE EXPLAIN CHECKED ITEMS, ALLERGIES, MEDICATIONS, AND PREVIOUS REACTIONS

IMPORTANT

Remove contact lenses before the service. Tell Hazel immediately if you feel burning, stinging, pain, or unusual discomfort at any time.

Current lash condition and goals

LAST LASH SERVICE AND DATE

DESIRED LOOK

ANYTHING ELSE YOU WANT HAZEL TO KNOW

Consent and Acknowledgment

PLEASE READ EACH STATEMENT BEFORE SIGNING

By signing below, I confirm that:

[ ] The information I provided is complete and accurate.

[ ] I understand results vary with natural lashes, aftercare, lifestyle, and retention.

[ ] I understand adhesive, tint, lifting solution, tape, and pads may cause irritation or an allergic response.

[ ] I will keep my eyes closed and follow positioning instructions during the service.

[ ] I will tell the esthetician immediately if I experience discomfort.

[ ] I understand lash extensions require maintenance and are commonly filled every 2-3 weeks.

[ ] I understand a full lash set may take up to 4 hours while each set is carefully customized.

[ ] I consent to the selected service and release the esthetician from claims related to risks that were explained and accepted, except where prohibited by law.

Aftercare essentials

Follow the personalized aftercare provided by Hazel. Avoid rubbing or pulling lashes. Keep the eye area clean, use only recommended products, and contact Hazel if unexpected irritation occurs. Seek medical care for severe swelling, pain, vision changes, or signs of infection.

Photo permission (optional)

[ ] Yes, photos may be used in Hazel's portfolio and social media.

[ ] Yes, photos may be kept for private service records only.

[ ] No photos, please.

CLIENT PRINTED NAME **DATE**

CLIENT SIGNATURE **DATE**

If the client is under 18, a parent or legal guardian must sign and remain present for the service.

PARENT OR LEGAL GUARDIAN NAME **RELATIONSHIP**

PARENT OR LEGAL GUARDIAN SIGNATURE **DATE**

ESTHETICIAN SIGNATURE **DATE**