

Allergies: Eyelash Extensions Consent Form

I have agreed to have eyelash extensions applied and/or removed from my eyelashes. Before my qualified professional lash artist can perform this procedure, I understand I must complete this agreement and provide my consent by signing and dating this consent form where indicated below.

Sign, Print, and Bring this form to your lash artist.

The following conditions may determine that you are not suitable for eyelash extensions:

Condition	Adverse Reactions	Yes I have the condition	No I do not have the condition
Allergic to adhesives (glues, tapes, band aids, etc.)	Eyelash extensions uses adhesives, tapes, glue, and gel pads that may cause an allergic reaction.		
Chemotherapy Treatments within the last 6 months	Medication for chemotherapy may cause a reactions to the materials used for eyelash extensions.		
Thyroid Medications	Eyelash extensions will not last due to the medication in the system.		
Lasik Surgery less than 4 months (must wait 4 weeks post-op exam for medical consent)	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads). Please ask your doctor for approval.		
Blepharoplasty (must wait 6 months post-op for medical consent)	Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads). Please ask your doctor for approval.		
Contact Lenses	Glue used to apply the eyelash extensions may get underneath the contact lens and cause corneal abrasion or scratching. Contact lenses must be removed prior to eyelash extension procedures.		
Extremely oily skin and hair	Natural oils will break down the adhesives used to bond the eyelash extensions causing the eyelash extensions to fall out.		

I have read and agree to all the following conditions. I am aware that I have some allergies/ health problems which will cause my extensions to fall out or my eyes to swell.

I am aware that allergic reactions can get worse with every application. I am aware that allergic reactions cannot be reversed.

I agree that I will move forward to let my lash artist perform services with the exception that I may need to have them removed with **no refunds**. You must follow up with your doctor's visit.

I understand that my lash artist is an independent contractor and is not liable for any damages. By reading and signing this consent form, I release _____ from any claims or changes in any of the nature.

Signature _____ Date _____