

Aesthetic Florida

EYELASH EXTENSION CONSENT FORM

Full Name _____ **Date of Birth:** ____ / ____ / ____

Address _____ **City, State, Zip Code** _____

Work # _____ **Cell #** _____ **Male OR Female** _____

Email: _____ **Occupation:** _____

Emergency Contact Name _____

Relationship: _____ **Cell#** _____

I _____ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of the eyelash extensions by the certified eyelash extension professional.

_____ I understand there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional and have the eyelashes removed immediately and consult a physician at my own expense. I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care and subsequent removal of the eyelash extensions.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out, damage the extensions and/or decrease the time the lashes will last.

_____ I understand and consent to having my eyes closed and covered for the duration of the 90-150 minute procedure. I understand that if I have lower eyelash extensions applied that I will have my eyes open and will have instruments, tapes, cleaners, eye gel pads, adhesives, and removers used that may irritate my open eyes, cause them to water and blink to excess preventing application and/or requiring removal and a physician's follow-up care and subsequent removal of the eyelash extensions.

Note: Application of the lower lashes is not recommended or approved by Aesthetic Florida .

_____ I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- Current use of contact lenses which I agree to remove during each lash application
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
- current use of eye drops of any kind, prescription or over-the-counter
- Current allergies or sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water and blink to excess
- History of claustrophobia
- History of recurrent eye or tear duct infections
- History of dry eyes
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

_____ Eyelashes touch up (if purchased) valid up to 3 weeks after the treatment.

_____ I agree to the following eyelash extension post-op and maintenance instructions:

- No waterproof mascara
- No prescription or over-the-counter eye drops
- No oil based products around the eye area
- No water can come in contact with the eye area for 24 hours of the application
- No tinting or perming of eyelash extensions - No continuous pulling or rubbing of the synthetic lashes

_____ This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to treatment.

I understand the after care instructions and will do my part to maintain my eyelash extensions. I understand that there are many factors that may affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

_____ Date: ____/____/____
Signature

_____ Date: ____/____/____

Technician Signature

Permission is granted to take before and after photos of my eyes / face which may be used for any type of marketing purposes (website, brochures, business cards, salon or class, etc).

_____ Date ____/____/____
Signature