

Semi-Permanent Makeup

Client Consent Form

Name: _____ (**'The Client'**)

Please read and sign this consent form prior to your procedure.

Please review the following information, which refers to your desire or approval to get permanent makeup procedures done on yourself. If you wish to have a permanent makeup procedure done, you must complete the attached Medical History forms, and all of the Disclosure and Consent portions of this document.

Please read the statements below placing your initials before each one to indicate that you understand completely:

_____ That no warranty or guarantee has been made to me as a result of this permanent makeup/camouflage/correction procedure, and that the final result cannot be guaranteed.

_____ That there may be risks and hazards related to the performance of this procedure planned for me.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____ There is a possibility of bleeding, swelling, and allergic reactions to the dye.

_____ That tattooing is considered permanent, however, it may fade with time.

_____ That a tattoo can only be removed with a surgical procedure, and that any effective removal may leave permanent scarring or disfigurement.

_____ That misplacement of the dye can occur, under rare circumstances, requiring excision of the misplaced dye. In rare cases, there may be permanent loss of eyelashes.

_____ I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

_____ I believe that I have sufficient information to give this informed consent.

_____ That the Technician will not, under any circumstance, perform any permanent makeup procedures on me if I am known to have any allergies.

The Client has been given a copy of this Agreement prior to the permanent makeup procedures being performed, and has been given the opportunity to attain reasonable understanding of this Agreement, including the opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

As a Client, you have a responsibility to inform the Technician working on you, of all possible concerns. Please read the following and initial before each statement.

_____ I understand that I must inform my technician of all medications being taken by me, even though I have written it on the General Medical History and Confidential Medical History forms. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.

_____ I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure, even though I may have written it down on the form.

_____ I understand that the demonstrating technician may not be from the local area, and that if I would like to have any touch ups done by this technician, I may need to go where he/she is generally located.

_____ I am free from drug and alcohol use or any other substances.

_____ I am not pregnant.

STATEMENT OF ACKNOWLEDGEMENT

I have read and fully understand the questions, terms, and disclosure conditions of Consent Form, and that this consent form was completed by me, and that all entries and information in it, are true and complete to the best of my knowledge.

Clients Printed Name _____

Clients Signature _____

Date _____

IMPORTANT! ALL FORMS REQUIRING A SIGNATURE MUST BE SIGNED AND RETURNED BEFORE YOU CAN UNDERGO ANY PROCEDURES

FOR TECHNICIAN USE ONLY

- I certify that I received and reviewed the student's signed Disclosure, Consent, and Medical History forms.
- I certify that I have explained the responsibilities and the importance of the Aftercare Treatment Instructions to the Client prior to their procedure.

Technician's Printed Name _____

Technician's Signature _____ Date: _____