

# Manicure/Pedicure Service Consent Form

## Personal Information

Full Name

Date of Birth

Email Address

Phone Number

## Health & Medical History

Please list any allergies, skin sensitivities, or medical conditions

- ☐ I currently have open wounds, cuts, or infections on my hands, feet, or nails.
- ☐ I currently have fungal infections on my hands or feet.
- ☐ I am taking medication affecting my skin or nails.

## Consent & Acknowledgment

I consent to receiving manicure and/or pedicure services. I acknowledge that I have informed the technician of any medical conditions, infections, or allergies. I understand that procedures are carried out with safety and hygiene practices, but there are risks. I agree to release the salon and its personnel from any liability arising from service.

Client Signature

Date