

Eyelash Extension Consent Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Medical History

Do you have any of the following? (Check all that apply)

☐

Allergies

☐

Eye Infection

☐

Sensitive Skin

☐

Recent Eye Surgery

☐

Other

List any medications you are currently taking:

Consent

I understand that eyelash extension services involve attaching synthetic lashes to my natural eyelashes. I acknowledge the potential risks such as irritation, allergic reaction, or damage to my natural lashes. I agree to follow aftercare instructions provided by the technician. I certify that the above information is true and correct.

Client Signature

Date

