

LASH EXTENSION CONSENT FORM

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Medical History

Please answer the following (check if applicable):

- ☐ Allergies (specify): _____
- ☐ Eye infections or disorders (e.g., conjunctivitis, blepharitis)
- ☐ Dry eye syndrome
- ☐ Glaucoma
- ☐ Cataracts
- ☐ Recent eye surgery (within 6 months)
- ☐ Contact lens wearer
- ☐ Trichotillomania (hair pulling)
- ☐ Alopecia
- ☐ Thyroid conditions
- ☐ Diabetes
- ☐ Pregnancy
- ☐ Chemotherapy / radiation treatment
- ☐ Eczema / psoriasis / dermatitis
- ☐ Skin sensitivities or reactions to adhesives
- ☐ Currently using acne medication (e.g., Accutane)
- ☐ Blepharoplasty or eyelid surgery
- ☐ None of the above

Current medications: _____

Are you allergic to cyanoacrylate (main ingredient in lash adhesive)? ☐ Yes ☐ No
☐ Unsure

Procedure Acknowledgment

I understand and acknowledge the following:

1. Procedure: Lash extensions are individual synthetic fibers attached to natural lashes using a cyanoacrylate-based adhesive.
2. Duration: A full set takes approximately 1.5–3 hours; fills take 45–90 minutes.
3. Results: Results vary based on natural lash health, lifestyle, and aftercare.
4. Longevity: Extensions typically last 2–4 weeks before needing a fill.
5. Patch Test: ☐ I have received a patch test 24–48 hours prior ☐ I decline a patch test
6. Natural Lash Shedding: Natural lashes shed daily (approx. 2–5 per day); extensions will shed with them.
7. No Refunds: Due to the nature of the service, refunds are not offered once the service is complete.

Risks and Possible Reactions

I understand the following risks may occur:

- Allergic reaction (redness, itching, swelling, burning)
- Irritation of eyes or eyelids
- Temporary or permanent damage to natural lashes if improperly cared for
- Infection if aftercare instructions are not followed
- Adhesive fumes may cause discomfort to sensitive individuals
- Extensions may loosen or fall out sooner than expected

If any reaction occurs, I will contact the technician and seek medical attention if necessary.

Aftercare Agreement

I agree to follow these aftercare instructions:

- Avoid water/steam on lashes for 24–48 hours after application
- Do not use oil-based products near eyes
- Avoid rubbing eyes or pulling extensions
- Do not use a mechanical eyelash curler
- Clean lashes gently with approved lash cleanser
- Avoid mascara (unless lash-safe)
- Schedule fills every 2–3 weeks

- Avoid sleeping face-down

Photography & Marketing Consent

- ☐ I consent to photos of my lashes being taken for before/after records only
- ☐ I consent to photos being used for social media / marketing purposes
- ☐ I do not consent to photography

Initials: _____

Deposit & Payment Policy

- A non-refundable deposit of \$50 is required to secure your appointment. This deposit will be applied toward the total cost of your service.
- The remaining balance of \$_____ is due at the time of service.
- Accepted payment methods: ☐ Cash ☐ Card ☐ Zelle ☐ Other: _____
- Prices are subject to change. You will be notified of any changes before your appointment.
- If you arrive late, your appointment may be shortened, and the full-service price will still apply.
- Refunds are not provided for completed services. If you are unhappy with your results, please contact us within _____ days so we can address your concerns.

Cancellation & No-Show Policy

- We require at least 24 hours of notice to cancel or reschedule an appointment.
- Cancellations with sufficient notice: Deposit may be transferred to one rescheduled appointment within 3 days.
- Late cancellations less than 24 hours: Deposit is forfeited.
- No-shows: Deposit is forfeited, and a new deposit will be required to book future appointments.
- Same-day cancellations/reschedules: Deposit is forfeited.
- More than 3 no-shows/late cancellations: May result in refusal of future bookings.
- If the lash artist must cancel your appointment, your deposit will be transferred or fully refunded.

Liability Release

I confirm that:

- The information I have provided is accurate and complete.
- I have disclosed all known allergies and medical conditions.
- I voluntarily consent to the lash extension procedure.
- I release the technician and salon from liability for any reaction or outcome resulting from undisclosed conditions or failure to follow aftercare instructions.
- I understand results are not guaranteed and vary per individual.

Client Declaration

I have read, understood, and agree to the terms outlined in this consent form.

Client Signature: _____

Printed Name: _____

Date: _____

Technician Section

Technician Name: _____

Lash Style Applied: _____

☐ Classic ☐ Hybrid ☐ Volume ☐ Mega Volume ☐ Designed

Adhesive Used: _____

Technician Signature: _____

Date: _____