

Esthetician Consent Form

Client Information:

Full Name:

Date of Birth:

Contact Number:

Email Address:

Emergency Contact:

Relationship to Emergency Contact:

Treatment Details:

Treatment Type:

Treatment Date:

Special Considerations/Requests:

Products to be used:

Medical History:

Known Allergies:

Skin Type/Concerns:

Current Medications:

Previous Treatments/Reactions:

Potential Risks and Complications:

Client Acknowledgment and Consent:

I, [Client Name], have read and understood the treatment details and potential risks. I voluntarily agree to the aforementioned treatment and release the esthetician and their establishment from liability should any complications arise from the procedure.

Client Signature:

Date:

Esthetician Signature:

Date: