**WAXING CONSENT FORM**

Have you taken Accutane with the past year? Yes / No

Are you using a Retin-a, Differin, or Renova? Yes / No

Do you frequent tanning beds? Yes / No

Are you currently sunburn? Yes / No

Do you currently have or have had any of the following medical conditions that could compromise your skin and/or services being offered? Yes / No

* Aids/HIV
* Eczema/Psoriasis
* Cold Sores
* Hepatitis
* Herpes

If you are using any of the following medications, you cannot be waxed today:

* Accutane - Renova
* Tretinoin - Adapalene
* Alustra - Avage
* Isotretinoin - Avita
* Differin - Ratin - A
* Tazarotene

I understand that if I begin use, or are currently using any of the products listed in the above and do not inform the esthetician prior to current or future treatments, I accept full responsibility for art adverse reactions. I understand that waxing may cause some redness, bumps, soreness, and/or itching.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esthetician Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_