**HAIR COLOR CONSENT FORM**

Stylist Name: [STYLIST'S NAME] Client Name: [CLIENT'S NAME]

**Past Reaction to Color Products**: [DESCRIBE PAST REACTION].

A small percentage of individuals can experience adverse reactions due to the application of

hair color products. While rare, symptoms can include burning, redness, itching, and/or swelling. Due to the variety of ingredients used in hair color products, these symptoms may occur even if you have had your hair colored in the past with no reaction. Your colorist can administer a “patch test” to determine if you will experience a reaction to hair coloring. This test must be administered 48 hours prior to your appointment for coloring services. You have the right to request a patch test prior to every service at no additional charge to you.

**Indicate below whether you would like the patch test performed**: (check one)

[ ]  - I would like to have a patch test performed.

[ ]  - I would NOT like to have a patch test performed.

**Is this service considered a “corrective” color?** [ ]  Yes [ ]  No

Corrective color means:

* More time and expertise are required than with a standard color service.
* Reconstructive treatments may be needed prior to color services.
* Multiple visits will likely be required to achieve your desired color.
* Each subsequent visit will be a separate color service with separate charges applied.
* Specific products/treatments may be recommended to use at home to help guarantee color correction results.

**Home Care and Products Recommendations**: [LIST RECOMMENDATIONS].

Signing below indicates that you have read and understand this form, that you have been offered a patch test, and that you direct to proceed with your hair coloring service. Signing below also indicates your consent and agreement to indemnify, defend, and hold harmless [COMPANY'S NAME], its owners, employees, agents, and assigns from any liability claim or action arising from the application of hair coloring products.

**Client Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [CLIENT'S PRINTED NAME]