HAIR COLOR CONSENT FORM

Stylist Name:	Client Name:
Past Reaction to Color:	
hair color products. While rare, symptoms car swelling. Due to the variety of ingredients use occur even if you have had your hair colored	ed in hair color products, these symptoms may in the past with no reaction. Your colorist can will experience a reaction to hair coloring. This our appointment for coloring services. You
Indicate below whether you would like the	patch test performed: (check one)
□ - I would like to have a patch test pe□ - I would NOT like to have a patch to	
Is this service considered a "corrective" c	olor? □ Yes □ No
Corrective color means:	
 More time and expertise are required to Reconstructive treatments may be need Multiple visits will likely be required to Each subsequent visit will be a separa Specific products/treatments may be reguarantee color correction results. 	eded prior to color services. achieve your desired color. te color service with separate charges applied.
Home Care and Products Recommendatio	ns:
Signing below indicates that you have read an offered a patch test, and that you direct to probelow also indicates your consent and agreer, its owners, e liability claim or action arising from the applica	nceed with your hair coloring service. Signing ment to indemnify, defend, and hold harmless
Client Signature:	Date:
Print Name:	

eSign Page 1 of 1