

HAIR SALON CONSENT FORM

Salon: _____ Stylist: _____

CLIENT INFORMATION

Client Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Previous Adverse Reactions to Hair Treatments:

Do you take any medications or suffer from allergies that may affect your tolerance for chemical treatments? Yes No

If yes, list relevant medications and allergies: _____

Do you allow the salon to take photos of your hair for promotional use? Yes No

Your stylist 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. Would you like to have a patch test performed? Yes No

CONSENT

I hereby consent and authorize the stylist to perform the following service(s):

I understand that while the salon and its staff aim to deliver the highest quality service, there are potential risks involved with hair services. These risks include, but are not limited to:

- Hair damage from chemicals, heat, or styling tools.
- Allergic reactions to the chemicals and other products used during service.
- Unexpected changes in hair texture or color.
- Temporary or permanent hair loss or scalp irritation.
- Other: _____

I understand that the salon cannot guarantee specific results and that the outcome of my hair services may differ depending on my hair type, condition, past treatments, and at-home maintenance. I also understand that proper at-home care may be necessary, and it is my responsibility to follow the stylist's instructions.

By signing below, I confirm that I have read and understand the information provided, have been offered a patch test, had all my questions answered to my satisfaction, and accept the potential risks. My signature also signifies my consent and agreement to release the salon, its owners, employees, agents, and assigns from any liability or claims related to the hair services provided.

Client Signature: _____ **Date:** _____

Print Name: _____