



BEAUTYCARE

Eye Lash Client Consent Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Questions For Client

Do you wear contact lenses? Yes No

Have you had eye lash extensions before? Yes No

Any reaction or sensitivities? No Yes If yes _____

Do you have any allergies? No Yes If yes explain: _____

Any eye problem if the last 4 weeks No Yes If yes explain: _____

Do you perm or tint your lashes? No Yes

Do you use eye products? No Yes If yes, explain: _____

I authorize XS BeautyCare to apply eyelash extensions to myself today and other future services. I understand that aftercare is needed to maintain health of eye lashes, including refills 2 to 3 weeks from initial service date. I hereby release all person(s) at XS Lashes/XS Beauty & Care from all claims or legal actions arising out of a service. I give consent for photographs to be taken and used on social media and any other form of marketing.

I certify that I completely understand and comply with the above as stated.

Signature _____

Date _____