

Brow Henna Consent Form

Although every precaution will be taken to ensure my safety and wellbeing before, during and after the henna process, I am aware of the following information and possible risks. Please initial:

_____ I understand that henna brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the henna enter into the eye.

_____ I understand that if the henna accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

_____ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the henna.

_____ I understand that there may be some residual dark staining left on the skin following the henna process. This will fade and go away within a short time.

_____ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair and skin absorb color differently and my final results may not be the color I initially wanted.

_____ I understand that over the course of several weeks, the henna will gradually lighten and fade. Ongoing appointments will be required to keep the color fresh. Most clients need to come back every 3-4 weeks.

_____ I understand that it is imperative that I disclose all of the information requested on the client intake form.

_____ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

_____ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

_____ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.

_____ I agree that if I experience any ill effects with my brows that I will contact the technician that performed this procedure.

_____ I understand and agree to the after-care instructions provided by the technician. I realize and accept the consequences of failure to adhere to these instructions.

_____ I am informing the technician of the following conditions that apply to me (check all that apply):

I currently use contact lenses (which I may be asked to remove during the procedure)

I have inflammation around eyelid and/or eyebrow area

I have skin disease and or disorders around the eyelid and/or eyebrow area

I have an eye infection such as conjunctivitis

I have recently had surgery near my eyes, head, or face

I have recently had a tattoo or microblading

I have recently had Botox or fillers

- I have allergies or sensitivities
- I have a history of recurrent eye or tear duct infections
- I have a recent history of Chemotherapy

This agreement will remain in effect for this procedure and all future follow-ups conducted by the technician. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the brow henna application procedure, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____ . By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Client Name (Printed)	Signature	Date
_____	_____	_____
Parent/Guardian Name (Printed)	Signature	Date
_____	_____	_____
Technician Name	Technician Signature	Date
_____	_____	_____