

# WildKayte Studio

## Consent Form

Tinting Eyebrows  Tinting Eyelashes  Lash Lift  Brow Lamination

Name:

Date:

Phone #:

IG @

Friend Referral:

Email:

How did you hear about us?  Friend  Website  Social Media  
Other: \_\_\_\_\_

Please complete the form below to the best of your ability.

Forms can be submitted in person at the time of your appointment or sent via e-mail to:  
[wildkayte@hotmail.com](mailto:wildkayte@hotmail.com)

---

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application please initial with an X, your awareness of the possible risks as outlined below: I consent to the application, removal and /or re-touching of eyelash extensions to my natural eyelashes by the certified extension technician listed below.

- I understand that the treatment is a safe procedure and there is no recovery time for most people. I understand that tinting eyelashes or eyebrows and lifting or curling eyelashes 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 tint enter the eye.
- I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eyes, my eyes will be flushed with water and saline solution 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 tinting agent. I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. 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 absorbs color differently and my final results may not be the color I initially
- I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks

Have you had your lashes lifted / brows tinted / laminated?  yes  no  
When was last time? \_\_\_\_\_

Have you ever had an adverse reaction to hair colour or tinting products?  
Or any reaction to the lash perm or neutralizer for lash lift/lash curl?  yes  no  
If so please explain: \_\_\_\_\_

Do you have any eye condition or injury?  yes  no

Do you ever wear contacts?  yes  no

Are you allergic to latex or rubber?  yes  no

Any eye surgery within the last 6 months?  yes  no  
Note: treatment will be postponed if any eye surgery has been performed in the last 6 months)

Do you have any intolerance/allergy to the following?  
Please indicate with an X all that apply:  
 Chemicals  Fragrances  Odours  Hair Dyes  Colour Ingredients

Please check off beside all that might apply to you:

Stress		Seasonal Allergies		Lumps / Cysts	
Lasik Eye Surgery		Alopecia		Cold Sores Around Eyes	
Permanent Eye Make-Up		Hormonal Imbalance		Psoriasis	
Diabetes		Hypersensitive Eyes		Pink Eye	
Blepharoplasty		Thyroid Diseases		Stye Of The Eye	

I have read the above information. If I have any concerns, I will address these with my Eye Service Professional.

I give permission to \_\_\_\_\_ to perform the procedure as discussed and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically.

I understand the professional will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the professional immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks. I do not hold the professional, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Please reach out with any additional questions, we are here to help!

---

PRINT Name:

Client Signature:

Date:

Would you like to be mentioned in social media posts and have the opportunity to earn discounts for referrals?

yes  no

