

Consent form

Hair salon and colouring

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

- ☐ A patch test 48 hours before colouring was recommended to me, and I have done it or chose not to.
- ☐ I have told the stylist about allergies, scalp problems and recent chemical treatments.
- ☐ I understand that the final colour can differ from a reference photo because of my hair history and natural colour.
- ☐ I have received and understood the aftercare advice.

I agree that photos of the result may be taken for my record: ☐ Yes ☐ No

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date