

Consent form

Skincare and facial treatments

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

☐ I have shared accurate information about my health, medication and skin.

☐ I understand that redness or sensitivity can appear after some treatments.

☐ I will follow the aftercare advice, including sun protection.

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