

## **Waxing Consent Form**

Name:									
Date:									
City:		S	tate:	7in (	Code.			_	
Phone Nu	ımber:						_		
Email Add	dress:								
Referred	By:								
I,		<del></del>		_ give con	sent to Ser	enity Day	Spa to perf	orm the fol	lowing
wax servi	ces:								
		crub, Retinanned in the					asion, glyc	olic peels,	other
I have be	en off Accu	ıtane for at	least 12 m	onths	(Init	ial)			
•		effects inc		ss, swelling	g, and pimp	oles, but ar	e temporar	ry and gene	erally fade
Are you o	n your mei	nstrual cycl	e? Yes or ı	no?					
I do not h	nave any o	pen skin le:	sions, activ	e herpes o	utbreak (co	old or genit	al)	(Initial)	
						•	mplications		fects from
•				•	•	•	et room ser Day Spa		
I am ove	18 years	of age or I	have a par	ental conse	ent co-sign	ed below	(	Initial)	
I will call t		erenity Day	Spa of an	y complica	tions or co	ncerns I ma	ay have as	soon as th	ey occur.
treatment Client Sig Date: Witness Date: We have th	s listed about a list		at I adhere	to all the a	bove stater	ments I hav —	owing treat ve initialed. owed.		eries of
Date of Service:									
Client Initial:									