Client Consent Form

Consent and Acknowledgment for Services by The Beauty Studio By Mia'Love

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Consent and Release

I understand that the esthetician will perform a skin analysis and recommend treatments based on my skin type and condition. I acknowledge that the results of esthetic treatments vary from person to person and that no guarantees can be made regarding the outcomes.

I have informed the esthetician of all known medical conditions, allergies, and medications, and I will update them of any changes in the future. I understand that failure to disclose relevant information may impact the safety or effectiveness of the treatment.

I consent to the esthetician performing the selected treatments and understand that possible side effects may include redness, irritation, allergic reactions, or discomfort. I release the esthetician and the facility from any liability for adverse reactions that may result from undisclosed medical conditions or allergies.

I give permission to take photographs of my skin/treatment area for the purpose of documentation, education, or marketing.

Signature and Date

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

If you have any questions or concerns regarding your treatment, please discuss them with your esthetician prior to signing this consent form.