

COLOR CONSENT FORM

CLIENT NAME _____

STYLIST _____

Past reaction to color:

List in detail any past reactions to hair color products

Patch test: A small percentage of individuals can experience adverse reactions due to the application of hair color products. While rare, symptoms can include burning, redness, itching and/or swelling. Due to the variety of ingredients used in haircolor products, these symptoms may occur even if you have had your hair colored in the past with no reaction. Your colorist can administer a “patch test” to determine if you will experience a reaction to hair coloring. This test must be administered 48 hours prior to your appointment for coloring services. You have the right to request a patch test prior to every service at no additional charge to you.

Please indicate below whether you would like the patch test performed:

I would _____ would not _____ like to have a patch test performed.

Corrective color: Is this service considered a “Corrective” color? **NO** _____ **YES** _____

Corrective Color means:

- More time and expertise is required than with a standard color service.
- Reconstructive treatments may be needed prior to color services.
- Multiple visits will likely be required to achieve your desired color.
- Each subsequent visit will be a separate color service with separate charges applied.
- Specific products/treatments may be recommended to use at home to help guarantee color correction results.

**Recommended
home care &
product
recommendations**

Informed consent for color: Signing below indicates that you have read and understand this form, that you have been offered a patch test, and that you direct _____ to proceed with your hair coloring service. Signing below indicates your consent and agreement to indemnify, defend and hold harmless _____, it’s owners, employees, agents and assigns from any liability claim or action arising from the application of hair coloring products.

CLIENT SIGNATURE _____

DATE _____