



Please Print

Date: _____

Name: _____

Service Contraindications

Please be advised that medications, supplements, and vitamins could be a contraindication to a service. (i.e., topical creams, blood thinners, antibiotics, Accutane – acne medication, diabetes, high blood pressure, birth control, auto-immune, cancer treatments). Please discuss further with your esthetician before proceeding with your service if any of these apply to you. St. Clair Student Spa will NOT share or document any conversations as related to the above statement.

It is our goal that you are as comfortable as possible during your service(s). Please advise so we may accommodate you if you are not comfortable at any time.

Consent

I hereby consent to and authorize St. Clair Student Spa to perform the following service(s)

I agree to allowing the student esthetician noted below to provide me with the service(s) noted above today.

(Student Esthetician Name)

I have read and fully understand this agreement and all the information provided. I understand the delivery of service and contraindications. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the Esthetician, whose signature appears below, responsible for any of my conditions that are present, but not disclosed, which may affect the treatment performed today. I agree to share my contact information below.

Client Name _____

Client Contact _____

Client Signature _____

Date: _____

Esthetician _____

Date: _____