

STUDENT CONSENT FORM FOR ESTHETICIAN SERVICES

Your Name

Your Address

City, State, ZIP

Phone Number

Email Address

Date

CONSENT FORM FOR ESTHETICIAN SERVICES

, hereby consent to receive esthetician services from Student Name)
Esthetician's Full Name] at (Esthetician School Name)

I understand that [Student Esthetician's Full Name] is currently undergoing practical training and supervision in esthetic services. I acknowledge that they are not yet a fully licensed esthetician but are under the supervision of a licensed esthetician or instructor.

I acknowledge that the services provided by (Student Name) may vary from those provided by a licensed esthetician. I understand that (Student Name) will make every effort to deliver a high standard of care and professionalism.

I am aware of the potential risks involved in receiving esthetician services and understand that the procedures may have certain side effects or risks, such as redness, skin irritation, or allergic reactions.

I have disclosed all relevant medical information, including any known allergies, skin conditions, medications, or treatments that may affect the delivery of esthetician services. I understand that it is my responsibility to inform (Student Name) of any changes in my medical history during subsequent visits.

I agree to follow all pre and post-treatment instructions provided by (Student Name)
I understand that failure to do so may increase the risk of adverse reactions or affect the effectiveness of the treatment.

I understand that any fees associated with the esthetician services provided by (Student Name) are solely for the purpose of covering the cost of supplies and

materials used during the session. I acknowledge that the services provided by (Student Full Name)

are at a reduced rate compared to those of a licensed esthetician.

I release, (Student Name) (Esthetician School Name) representatives from any liability for any injury, loss, or damage that may arise during or after receiving services from (Student Name)

I have read and understood the terms outlined in this consent form. By signing below, I voluntarily consent to receive esthetician services from.

Client's Signature: _____ Date: _____

Parent/Legal Guardian's Signature (if applicable): _____ Date: _____

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