



## Waiving Patch Test

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Client: \_\_\_\_\_ Date: \_\_\_\_\_

Here are **Salon 297 Hair and Day Spa**, we pride ourselves on keeping our guests health and safety our number one priority. With this ideal in mind, we want to bring a safety regulation to your attention. Professional hair color and eyebrow tint manufactures are now recommending a patch test be performed 48 hours prior to any color/tint services that apply color directly to the scalp or skin. We know many of our guests have been receiving color services without any adverse reaction and for your convenience, we are providing this patch test release form. Please note that manufactures recommend this test be done before every on-the-scalp hair color or eyebrow tint service and that a negative patch test does not guarantee you will not have an adverse reaction to color/tint.

I am aware and understand that:

1. Receiving any on-the-scalp hair color service can, in some individuals, cause an allergic reaction.
2. This reaction can occur at any time even if I received this service on previous occasions.
3. The manufacturer of the hair dye products recommend performing a skin patch test forty eight (48) hours prior to all color services that are directly applied to the scalp.
4. A negative skin patch test does not guarantee that a reaction will not occur.
5. These risks have been explained to me and if I have any concerns, I will seek medical advice prior to any color service.

I release and hold **Salon 297 Hair & Day Spa**, and its owner, officers, directors, employees and agents harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical or psychological) relating in any manner to the chemical alteration through permanent chemical processing of my hair. I understand that additional treatments may be recommended and/or necessary for my hair maintenance, and that permanent damage to my hair is possible due to the chemical application.

**Waive Patch Test:** I consent to have an on-the-scalp color and/or eyebrow tint service, a permanent chemical process, applied to my hair and/or eyebrows, and I knowingly and voluntarily waive this skin patch test for today and all future hair color services. I acknowledge that a patch test is available at any time per my request.

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Client Signature

Print Name

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Guardian Signature (If client is under 18 yrs old)

Print Name



## Administered Patch Test

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Client: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_

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Client Signature

Print Name

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