**CHEMICAL CONSENT FORM**

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stylist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Corrective Color**

Explanation of what is classified as a corrective color is as follows:

* More time and expertise is required than with a standard color service.
* Reconstructive treatments may be needed prior to, and following 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 will be recommended to use at home to help guarantee color correction results.

Recommended home care and product recommendations:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Color Reactions**

Past reaction to color: list in detail any past reactions to hair color products.

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Note: 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.

**Informed Consent for Color**

Signing below indicates that you have read and understand this form. That you and your stylist have talked about each portion and you have directed your stylist to proceed with your hair coloring service. Signing below indicates your consent and agreement to indemnity, defend and hold harmless your stylist and Hollywood Style of any potential adverse reactions to color. You have stated you understand and agree to any additional charges that may be applied due to the potential extent of your services. You understand that using the recommended home care products will help guarantee your lasting color results, and if you choose not to purchase and use the recommended home care products, such guarantees cannot be made.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_