

MODEL CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURE

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and consent to be a model for the following student: _____ for the purpose of learning the following procedure: _____

The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me and I understand work is from a student. X _____

I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X _____

I will strictly adhere to all pre- and post- procedure instructions. If I have ever had a cold sore, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X _____

I understand the taking of before and after photographs of said procedure(s) are required.

I certify I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold the school or the following student: _____ responsible for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

SIGNED:

MODEL: _____ DATE _____

STUDENT: _____ DATE _____

TEACHER: _____ DATE _____