

PATCH TEST CONSENT FORM

Section A (to be signed by client before administering test)

Client's Name _____

Location of Test _____

I, the client, agree to have this _____ patch test done now
_____ (date) with the knowledge that I may have a reaction to this
test.

Signature _____

Section B (to be signed by client after administering test)

The patch test has now been received and this form releases
(Salon/therapist's name) _____ from any liability related to any
allergies or other reactions I may have to this. I have been informed that reactions can occur
any time in the future.

Signature _____ Date _____