



## PATCH TEST CONSENT FORM

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

Clients 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 and that I always need to inform my therapist of any changes to my medical history as  
these require an additional patch test.

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