Business name _____

Spray Tan Consent

The tan is applied as a fine mist, so breathing it in is the main thing to be careful of if you have asthma or another breathing condition. That's what the question below is checking for. Please also let us know about any broken skin, since the tanning solution can sting on open areas.

Full name

Date of birth

Home address

Any known allergy to DHA or self-tan products?	☐ Yes	☐ No
Do you have asthma or any breathing condition? (the tan is applied as a fine mist)	☐ Yes	☐ No
Are you pregnant or breastfeeding?	☐ Yes	☐ No
Any open cuts, sunburn, or active skin condition today?	☐ Yes	☐ No

Aftercare: avoid water, sweating, and tight clothing for the time your therapist advises. Moisturise daily to extend the tan.

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____