Business name _____

Sunbed Consent

UV exposure is the real risk here. It's linked to skin ageing and skin cancer, and that risk is higher for some skin types, on some medications, or with a personal or family history of skin cancer. The questions below help us flag if a session isn't a good idea for you today.

Full name

Date of birth

Home address

By law, under-18s cannot use a sunbed or be present in the sunbed area.

Are you under 18? ☐ Yes ☐ No

How would you describe your skin type? (e.g. always burns, rarely tans / olive, rarely burns)

Are you taking any medication that increases sensitivity to UV light? ☐ Yes ☐ No

Have you, or has anyone in your immediate family, had skin cancer? ☐ Yes ☐ No

Do you have sunburn or broken skin today? ☐ Yes ☐ No

Eye protection must be worn for the full session. We'll provide goggles if you don't have your own.

☐ 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 _____