

Hair Patch Test Consent Form



Participant's Name:

Date:

IN ASSOCIATION WITH



I, the undersigned, hereby consent to undergo a hair patch test as part of the evaluation process for potential adverse reactions to hair products. I understand that this test is being conducted to determine whether I may have any allergies or sensitivities to the hair products that will be applied to a small patch of my scalp.

- 1 Purpose of the Hair Patch Test:** The purpose of the hair patch test is to identify any potential allergic reactions or sensitivities that may occur when using specific hair products. This test involves applying a small amount of the product onto a patch of my scalp and monitoring any adverse reactions over a specific period.
- 2 Procedure:** During the hair patch test, a small area on my scalp will be cleansed and a small amount of the test product will be applied to the designated area. The product will be left on my scalp for the recommended duration as advised by the professional administering the test. I understand that this procedure may involve mild discomfort or a temporary reaction, such as itching or redness.
- 3 Risks and Benefits:** I understand that there are certain inherent risks associated with the hair patch test, including but not limited to:
 - a. Allergic reactions, such as itching, redness, swelling, or hives in the tested area.
 - b. Skin irritation or discomfort in the tested area.
 - c. The possibility of an adverse reaction spreading beyond the tested area.

I understand that the hair patch test will be performed by qualified professionals who will take necessary precautions to minimise any risks. The potential benefits of this test include identifying any allergic or sensitive reactions to specific hair products, which can help prevent future adverse effects and guide the selection of suitable products.

- 4 Confidentiality and Data Protection:** I understand that my personal information, including my name, contact details, and test results, will be kept confidential and stored securely. The information collected during the hair patch test will be used solely for the purpose of evaluating potential reactions to the tested products.
- 5 Voluntary Participation:** Participation in the hair patch test is entirely voluntary, and I understand that I have the right to withdraw my consent at any time during the test procedure.

***Please turn over for additional information.**



Flaunt & Flourish

Unit 21, Rugby Central, Market Mall, Rugby, CV21 2JR

 kath.osborne@circlesnetwork.org.uk  07714 154401

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6 Follow-up and Recommendations: Following the hair patch test, the professional administering the test may provide recommendations or advice based on the results. I understand that it is essential to follow these recommendations to minimise the risk of adverse reactions when using hair products.

7 Contact Information: For any questions or concerns regarding the hair patch test or this consent form, I can contact the responsible professional at the following:

Name: Kath Osborne

Phone: 07714154401

Email: kath.osborne@circlesnetwork.org.uk

I have read and understood the information provided in this consent form. By signing below, I voluntarily consent to undergo the hair patch test and acknowledge that I have received a copy of this form for my records.

Participant's Signature:.....

Date: