

MODEL CONSENT TO APPLICATION OF MEDISPA PROCEDURES

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and consent to be a model for the following student: _____ for the purpose of learning the following procedure: _____

The general nature of the procedure has been explained to me and I have signed and understand the consent form for this procedure. X _____

I have received pre- and post- procedure instructions and I will strictly adhere to such instructions as I understand they are crucial for healing. X _____

I certify I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold the school, the teacher, or the following student: _____ responsible for any unforeseen condition arising out of the indicated procedure.

SIGNED:

MODEL: _____ DATE _____

STUDENT: _____ DATE _____

TEACHER: _____ DATE _____