

Solarium client consent form

Required by Standards Australia AS/NZS 2635:2002/Solaria for cosmetic purposes

Tanning with Alisun solariums is controlled, comfortable and time efficient. To analyse your skin type and tanning times, please answer the following questions by circling the appropriate answer.

First name: _____

Last name: _____

Date of birth: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____

• Do you tan regularly (indoors or outdoors)? **Yes / No**

• Do you currently suffer from any medical condition, or take medication, that would prevent you from using solaria? **Yes / No**

Many medications or cosmetics cause photo-sensitive or photo-allergic reactions, even after you have stopped taking them. Please consult your doctor if you are unsure about any medication you take.

• Have you ever had any skin conditions or problems with sun tanning? **Yes / No**

• Are you pregnant? **Yes / No**

• How do you rate your skin type? **(Please circle)**

Skin Type 1: Very white colour, very sensitive, lots of freckles, light or reddish hair, light coloured eyes, always burns, never tans. **1**

Skin Type 2: Light colour, sensitive, blonde to light brown hair, blue, green or grey eyes, sometimes freckles, burns easily. **2**

Skin Type 3: Clear light brown skin, sometimes freckles, grey or brown eyes, brown to black hair, normal sensitivity, burning is possible. **3**

Skin Type 4: Brown to olive skin, no freckles, rarely sensitive, dark eyes, dark brown to black hair, rarely burns. **4**

Skin Type 5: Very dark brown or black skin, black hair, black eyes, not sensitive. never burns. **5**

 Ramsdale pharmacy
& wellbeing centre

Please read carefully:

- Please read the information notices in your sun rooms, before you start tanning.
- Ultra-violet light may contribute to premature ageing of the skin, and/or skin cancer, especially if prolonged or continual misuse, or overexposure occurs.
- You must be 18 years of age or over to use a solarium.
- If you are under 18 years, you must provide written parental/guardian consent (see below).
- Persons under 15 years of age are not permitted to use a solarium.
- Persons with skin type 1 are not allowed to use a solarium.
- Goggles are provided and must be worn to protect the eyes.
- Do not expose yourself to ultra-violet light (indoors or outdoors) for 48 hours after each solarium session.
- Scientific evidence clearly indicates that exposure to ultra-violet radiation – from the sun or solariums – in childhood and adolescents, increases the risk of developing skin cancer later in life.
- **This provider does not accept responsibility for sunburn or other associated risks.**
- **You must not use a solarium if you have a medical condition, are pregnant, are in doubt about the risks involved, have had previous skin cancer, have exposed your skin to ultra-violet light in the past 48 hours or if you are taking light-sensitive medications. Please ask your doctor for advice!**

[] I AM 18 YEARS OF AGE OR OVER AND I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION, AND CHOOSE TO UNDERGO SOLARIUM TREATMENT(S).

Signature: _____

Date: _____

[] I AM 15 TO 17 YEARS OF AGE, AND I PROVIDE PARENTAL/GUARDIAN CONSENT TO UNDERGO SOLARIUM TREATMENT(S).

Name of parent/guardian: _____

Relationship, eg mother: _____

Tel: _____

Mobile: _____

Name of under-18-year-old: _____

Date of birth: _____

HAVING READ AND UNDERSTOOD THE INFORMATION IN THIS FORM, I CONSENT TO MY UNDER 18 YEAR OLD CHARGE UNDERTAKING SOLARIUM SESSIONS.

Signature: _____

Date: _____