

CLIENT OR PARENT/GUARDIAN PLEASE COMPLETE ONE PER FAMILY MEMBER

**FOR THOSE RECEIVING AN AIRALLÉ® TREATMENT**

The AirAllé® is an FDA-cleared medical device to treat head lice. It is very effective at killing both live lice and their eggs. After treatment with the AirAllé® device, Larada Sciences (the manufacturer of the AirAllé®) recommends you receive or perform a complete comb-out.

Because the AirAllé® device distributes heated air onto the scalp, if the instructions for use are not followed carefully, there is a very slight possibility that the scalp could be burned. If the heated air becomes uncomfortable on your scalp during the treatment, you must tell the Certified AirAllé® Operator immediately.

By placing a checkmark in the boxes below, I acknowledge these statements are true for me (or for the child for whom I am signing):

- Able to sense temperature and pain
- Able to communicate physical discomfort
- Have not had radiation treatment of the head in the last six months
- Does not have any open head wounds, sores, or a visible skin/scalp condition
- Does not have cranial or facial implants
- Does not have hair extensions applied with glue
- I am (or my child is) age 4 or older

**FOR THOSE RECEIVING A TOPICAL PRODUCT APPLICATION**

A Lice Clinics of America™ topical product will be applied during treatment. I am aware that some of the treatment products contain soap and fragrance.

- I have no allergies or sensitivities to soap or fragrance.

**WAIVER**

I, \_\_\_\_\_ hereby authorize a professional lice technician to perform  
(name of client or parent/legal guardian)

a head lice treatment on the person listed below. I acknowledge a Certified AirAllé® Operator has explained to me the benefits of having a treatment. All my questions have been answered, and I have adequate knowledge to make an informed decision. I am aware of all potential risks associated with the treatment options available, including treatment with the AirAllé® device and any topical products used during treatment.

By signing this waiver, I irrevocably release Larada Sciences, Lice Clinics of America®, and their owners, employees, officers, directors, contractors, shareholders, and the Certified AirAllé® Operator from any claim, action, cause of action, damage, and/or liability associated with the service provided.

\_\_\_\_\_  
Print Name of Client\_\_\_\_\_  
Treatment Date\_\_\_\_\_  
Signature of Adult Client or Parent/Guardian\_\_\_\_\_  
Date

TO BE FILLED OUT BY CERTIFIED AIRALLÉ® OPERATOR

\_\_\_\_\_  
Client's Name\_\_\_\_\_  
Treatment Date

CERTIFIED AIRALLÉ® OPERATOR NO. \_\_\_\_\_

AIRALLÉ® SERIAL NO. \_\_\_\_\_

AIRALLÉ® HOUR METER AT START OF TREATMENT \_\_\_\_\_

- Contraindications reviewed with client
- I treated with Lice Clinics of America™ Active Super Gel and have reviewed with the client that it contains soap and must be kept out of the eyes
- Proof of Authenticity Sticker placed on Certificate of Treatment Card and given to client
- Receipt for services rendered, completed and given to client
- Take-home instructions given to client
- Guarantee reviewed with client and, if not eligible, initialed on client record

\_\_\_\_\_  
Name of Certified AirAllé® Operator\_\_\_\_\_  
Signature of Certified AirAllé® Operator