Piercing consent form for a minor

Studio name, address and license number:

1. CLIENT

First name | Last name | Date of birth (MM/DD/YYYY)

Phone | Email

Photo ID type and number (checked by the artist)

2. PROCEDURE

Artist | Piercing location

Jewelry (material and gauge)

3. HEALTH

Answer every question. If you answer Yes, tell your artist before the procedure.

1.	Are you pregnant or nursing?	☐ Yes	☐ No
2.	Do you have diabetes?	☐ Yes	☐ No
3.	Do you take blood thinners, including daily aspirin?	☐ Yes	☐ No
4.	Any allergies to latex, metals, inks or ointments?	☐ Yes	☐ No
5.	Do you have a heart condition, epilepsy or a bleeding disorder?	☐ Yes	☐ No
6.	Any skin condition, scar or sunburn where the work will be done?	☐ Yes	☐ No
7.	Have you had alcohol or recreational drugs in the last 24 hours?	☐ Yes	☐ No

Details for any Yes answer, and any medicines you take

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4. CONSENT

Read each statement and write your initials in the box.

1. Piercings carry risks
I understand the risks of a piercing: pain, bleeding, swelling, infection, allergic reaction to the jewelry, migration, rejection and scarring. These can happen even when the work is done correctly and I follow the aftercare.

Initials

2. My health answers are true
My answers about my health are true and complete. I told the studio about any condition, medicine or allergy, including metal allergies, that could affect the procedure or healing.

Initials

3. I will follow the aftercare instructions
I will receive written aftercare instructions and I will follow them. I will keep the piercing clean, not change the jewelry before it heals, and contact a doctor if I see signs of infection.

Initials

4. I am signing freely
I am sober and able to make this decision. Nobody has pressured me to get this done. I am the person named on the photo ID I showed the studio.

Initials

5. I agree to the piercing
I have read this form, I had the chance to ask questions, and I agree to the piercing.

Initials

5. PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of the client named above. I give my consent for the piercing described on this form. I have shown my photo ID and proof that I am the parent or guardian, and I am present for the procedure where the law requires it.

Parent or guardian full name

Relationship to the client

Phone

Photo ID type and number

Proof of relationship shown (e.g. birth certificate, court order)

6. SIGNATURES

Client signature

Date

Parent or guardian signature

Date

Artist signature

Date

Template only. Laws on age, parental presence, ID and record keeping differ by state, county and city. Review this form with a lawyer and your health department before use.

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