

CONSENT TO RECEIVING A TATTOO, BODY PIERCING, OR PERMANENT-MAKEUP PROCEDURE

In accordance with state regulations, you are required to sign a consent form prior to receiving this procedure. Please review the following information carefully and consult with the operator or manager regarding any information you need to provide to him/her or questions that you may have regarding the procedure or aftercare.

Date of procedure: \_\_\_\_\_

Type of procedure requested:     Tattoo                       Piercing                       Permanent makeup

Because these conditions may affect the rate of recovery from your procedure, please indicate if you currently have or ever have had any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> diabetes mellitus                            | <input type="checkbox"/> history of skin diseases, lesions, or sensitivity to soaps, lotions, or disinfectants    |
| <input type="checkbox"/> hemophilia                                   | <input type="checkbox"/> history of allergies or adverse reactions to pigments, dyes, or other skin sensitivities |
| <input type="checkbox"/> scarring (keloid)                            |   |
| <input type="checkbox"/> HIV or other immune-system disorders         |   |
| <input type="checkbox"/> pregnancy, nursing, or breast-feeding        |   |
| <input type="checkbox"/> history of epilepsy, narcolepsy, or seizures |   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby declare that I consent to having the procedure necessary to obtain a tattoo, body piercing, or permanent-makeup as discussed with the operator and/or management of this facility. If I am not 18 years of age, I have obtained the consent of the undersigned legal parent or guardian (present at the time of the procedure with proof of identification).

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

**(OPERATOR/MANAGER: ATTACH PHOTOCOPY OF ID FROM EACH SIGNATORY.)**

Address of client: _____
Description of service: _____
Pigment/Ink Manufacturer/Lot Numbers used: _____
_____