



Stockton Trading Standards

Body Piercing Client Consent Form

Name of Premises:			
Address of Premises:			
Telephone Number:			
Name of Operator:			
Name of Client:			
Address of Client:			
Telephone Number of Client:			
Age of Client:		Date of Birth:	
Proof of Age of Client and Type of ID used (attach copy if possible)			
Type of jewellery Used:			
Site of Procedure (& design if applicable)			
FOR CLIENT'S INFORMATION Known (potential) risks associated with body piercing		<ul style="list-style-type: none"> ▪ Scarring ▪ Blood Poisoning (Septicaemia) ▪ Jewellery Embedding/Migration ▪ Localised Infection- Particularly Nose, Navel, Genitals ▪ Allergic Reactions To Jewellery Metals ▪ Localised Swelling & Trauma Around The Site ▪ Tongue Piercing May Lead To Swelling, Choking & Restriction Of The Airway 	
Individual Consent I declare that I give my full consent to body piercing being carried out by the aforementioned Operator. I confirm that potential complications, e.g. infection and swelling, gum/tooth damage, jewellery migration/embedding) for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed. I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 16 years old) and that I am not currently under the influence of alcohol or drugs.			
Signature of Client:		Date:	
Signature of Operator:		Date:	
Appropriate Aftercare Advice Sheet given?	Yes*	No*	* Please circle as appropriate
Parental Consent (as applicable for piercing) I consent that all of the intended procedure has been explained to me and that the information provided by me is correct to the best of my knowledge. I hereby consent to my child, named above, having the body piercing and I understand the risks.			
Name of Parent: (print)			
Signature of Parent:			
Contact Details of Parent:			
GP Name and Address Details: (Print)			