

Skin Piercing Consent Form

To be filled in clearly and correctly by persons wishing to be pierced.

Name: _____

Address: _____

Telephone: _____

Age: _____

This is to certify that I, the above named and undersigned, today gave my correct name, address and age when asked to do so by

This is to certify that, the above named and undersigned, do give my permission to be pierced and I am fully aware of the process involved and understand the importance of the daily aftercare procedure.

Signed: _____

Date: _____

Where the client is under the age of 18 the parent or guardian must also sign.

Signed: _____

Date: _____

Type of Piercing: _____

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