

# Tattoo Consent Form for Minors

## Minor Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Parent/Guardian Information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

## Tattoo Details:

Design Description: \_\_\_\_\_

Location: \_\_\_\_\_

Artist Name: \_\_\_\_\_

## Consent and Acknowledgments:

- I, the parent/guardian, consent to my child receiving the specified tattoo.
- I understand the risks associated with tattooing, including allergic reactions and infections.

## Health Declaration:

- My child has no medical conditions or allergies that would affect the procedure.

## Signatures:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tattoo Artist Signature: \_\_\_\_\_ Date: \_\_\_\_\_