

Tattoo and Body Piercing Consent Form

Personal Information:

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Procedure Information:

Tattoo

Body Piercing

Design/Piercing Description: _____

Body Location: _____

Artist Name: _____

Date of Procedure: _____

Health and Safety Disclosures:

I confirm that I am not under the influence of drugs or alcohol.

I understand the potential risks, including infection, scarring, or allergic reactions.

Agreement:

I consent to the procedure being performed and understand its permanent nature.

I confirm that I am over the age of 18 (if under 18, parent/guardian consent is required).

Parent/Guardian Consent (if applicable):

Name: _____

Relationship to Client: _____

Signature: _____

Signatures:

Client Signature: _____ **Date:** _____

Tattoo/Piercing Artist Signature: _____ **Date:** _____