Temporary Tattoo Consent Form

Client Information:	
Full Name:	
Phone Number:	
Address:	
Date of Temporary Tattoo:	
Temporary Tattoo Details:	
Design/Description:	
Placement on Body:	
Expected Duration:	
Acknowledgments:	
\Box I understand that the temporary tak	ttoo is not permanent and will fade over
time.	
\Box I confirm that I do not have any kno	own allergies to the materials used (e.g.,
henna, ink).	
Parental/Guardian Approval (if under	18):
\Box I give consent for my child to recei	ve a temporary tattoo.
Parent/Guardian Name:	
Relationship to Minor:	
Signature:	
Signatures:	
Client Signature:	Date:
Tattoo Artist Signature:	Date: