



BODY PIERCING

Stabbed By Stephanie

PIERCING CONSENT FORM

PERSONAL INFORMATION

Name: _____ DOB: ____/____/____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Are you 18 years or older? Yes No Email Address: _____

Would you like to be added to email list for Specials and Giveaways? Yes No

*IF CLIENT IS A MINOR: CHILD'S NAME: _____ CHILD'S AGE: _____

I AM the Parent/Legal Guardian and give consent for this Piercing for my child listed above

MEDICAL HISTORY

Do you have any allergies? Yes No

Are you currently taking any medication? Yes No

Are you currently, or possibly may be, pregnant? Yes No

Are you taking any blood-thinning medication (e.g. Warfarin, Apixaban etc.)? Yes No

DO ANY OF THE FOLLOWING APPLY TO YOU? PLEASE CHECK ALL THAT APPLY.

<input type="checkbox"/>	<i>Allergic to Latex, antibiotics, hemophilia</i>	<input type="checkbox"/>	<i>Skin or Bleeding Disorder</i>
<input type="checkbox"/>	<i>High/Low Blood pressure</i>	<input type="checkbox"/>	<i>Fainting/Dizziness</i>
<input type="checkbox"/>	<i>History of thrombosis/embolism</i>	<input type="checkbox"/>	<i>Bruises or recent hemorrhage or swelling</i>
<input type="checkbox"/>	<i>Epilepsy or Cardiac Valve Disease</i>	<input type="checkbox"/>	<i>Scar tissue or keloids</i>
<input type="checkbox"/>	<i>Diabetes</i>	<input type="checkbox"/>	<i>Warts or moles</i>
<input type="checkbox"/>	<i>Dysfunction of the nervous system</i>	<input type="checkbox"/>	<i>History of medication use including antibiotics</i>
<input type="checkbox"/>	<i>History of Hepatitis, Herpes, HIV</i>	<input type="checkbox"/>	<i>Recent operation or Dental Procedure</i>

Do you have any other medical conditions or Risk Factors? If yes, provide more details below



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AFTERCARE INSTRUCTIONS

Please read each statement carefully and check (✓) box to show your agreement

The following verbal and/or written instructions were communicated to the client:
Information on the care of the procedure site including restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration time.

I acknowledge that any piercing can cause signs and symptoms of infection including but not limited to redness, swelling, tenderness to the procedure site, or drainage from the site. I was informed to call a physician after contacting piercer with any complications.

If physician care is required by the client related to body art procedure(s), the client is to notify the body art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

Please read each statement carefully and check (✓) box to show your agreement

I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing, and all my questions have been answered to my full and total satisfaction. I understand if my piercing is removed in anyway, I agree that re-piercing will be done at my own expense.

I have advised the Piercer of any allergies to metals, latex, soaps and medications. I acknowledge it's not reasonably possible for the Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible. I understand that I am responsible for properly caring for my piercing(s). I understand if I have a reaction to the jewelry I chose, I agree upgrading jewelry will be at my own expense.

I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my appearance and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.



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BODY PIERCING PROCEDURE

DESCRIPTION OF BODY PIERCINGS

How Piercing is performed. Check (✓) box to show your agreement

Piercings should always be done in a clean environment using sterile (clean & germ-free) equipment. This is the best way to lower your risk of infection. I acknowledge that the products used during my piercing(s) have been sterilized and done in a clean and germ free area.

A single-use, sterilized piercing gun is typically used to insert an earring into the earlobe. For other parts of the body, a hollow needle is used to pierce a hole in the skin. The person doing the piercing will insert a piece of jewelry into the hole.

The safest piercing guns are single-use guns. That means it's only used on one customer and then thrown away. This decreases the risk of infection. Piercing guns with sterilized disposable cassettes are also acceptable. But they don't promise the same level of protection that single-use piercing guns do.

Please read each statement carefully and check (✓) box to show your agreement

Don't receive a piercing from a reusable piercing gun that does not have sterilized disposable cassettes. These types of piercing guns cannot be autoclaved. An autoclave is a sterilization machine that uses heat to sterilize all non-disposable piercing tools. It helps make sure all tools are clean before they touch your body. It is an important piece of equipment in a clean piercing shop. Not being able to autoclave a piercing gun increases the risk of infection

Don't have a piercing performed with a piercing gun on any part of your body except your first lobe piercing. Doing so can crush the skin and cause more injury than a piercing performed with a hollow needle. It is only safe for first lobe piercing and will not be done on any other part of your ear or body.

Make sure you take care of your piercing. Your piercer will recommend cleaning the area 2-3 times a day while it heals. For a tongue or lip piercing, you will need to use an antibacterial mouth rinse after meals to prevent infection while it heals.



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Please read each statement carefully and check (✓) box to show your agreement

I acknowledge infection and scarring is always possible as a result of obtaining any piercing. I have received aftercare instructions and I am responsible for properly caring for my piercing. If my piercing is removed in anyway, re-piercing will be done at my own expense.

I understand I will be pierced using appropriate instruments and sterilized equipment. After getting pierced, I am responsible for properly caring for piercing to prevent any type of infection.

I understand that any healing time advised is approximate and is different for each individual. The Piercer cannot be held responsible if my body reacts negatively due to this piercing. If I have a reaction to the jewelry I chose, piercer is not responsible, changing will be at my own expense. All sales are final for any body piercing and/or body jewelry.

I agree to release and forever discharge and hold harmless to the Piercer, employees and this shop from any and all claims, damages or legal actions arising from or connected in any way with my piercing(s) or the procedure and conduct used during and after my piercing(s).

I have truthfully represented to the Piercer I am over the age of 18 years.

I am not under the influence of drugs or alcohol.

To my knowledge I do not have a physical, mental, medical impairment or disability which might affect my well-being as a direct/indirect result of my decision to get a piercing done at this time.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT AND ALL THE INFORMATION DETAILED ABOVE. I AM FULLY AWARE OF AND TAKE FULL RESPONSIBILITY FOR THE PIERCING PROCESS, THE HEALING AND THE DAILY AFTERCARE PROCEDURE. I WAIVE AND RELEASE TO THE FULLEST EXTENT PERMITTED BY LAW TO THIS SHOP; AND THE PIERCER THAT DOES MY PIERCINGS FROM ANY AND ALL CLAIMS, DAMAGES, LEGAL ACTIONS ARISING FROM OR CONNECTED IN ANY WAY WITH MY PIERCING, OR THE PROCEDURE AND CONDUCT USED IN MY PIERCING(S).

This is to certify that I, the above named and undersigned do give permission to be pierced at this shop

Signature

Date

Body Piercer

Date

*The piercer's signature is assurance of correct procedure, sterilization, and client education

DO NOT WRITE BELOW- PIERCER'S USE ONLY

Piercing Location: _____ Right Side Left Side Gauge: 18g 16g 14g 12g

Style: Straight / Flat Back / Curved / Dermal / Navel / Nose / Earrings / Horseshoe / Hoop

Earring Size: 2mm / 3mm / 4mm Material: Surgical Steel / Titanium Length: 10mm / 12mm / 14mm