



**PIERCING CONSENT FORM**  
**MINOR CHILD (17 YEARS OF AGE OR LESS)**  
**IF MINOR IS UNDER THE AGE OF 16, PARENT/LEGAL GUARDIAN MUST**  
**BE PRESENT AT THE TIME OF THE PIERCING**

I have received, read, and understand the pre-piercing educational issued to me by this salon.

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_ **Phone ( # )** \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS SO**  
**THAT WE MAY SERVE YOU BETTER**

Do you have a history of bleeding disorders? **Yes or No**

Do you have any known allergies? If yes, explain **Yes or No**

\_\_\_\_\_

Have you eaten within the last few hours? **Yes or No**

Body Part /Location of piercing \_\_\_\_\_

Jewelry Type, Gauge, and Size \_\_\_\_\_

Complications during piercing procedure (if any) \_\_\_\_\_

\_\_\_\_\_

**PIERCER'S PRINTED NAME**

**PIERCER'S SIGNATURE**

\_\_\_\_\_

I certify that I am the parent/legal guardian of the minor named above; I give my full permission for this studio to pierce my son/daughter's body part as indicated above, I understand that if I give false information or produce false documents stating my name, age and /or relationship to this minor to be other than correct, then I am liable for prosecution. I hereby release this studio, independent contractor, and any and all employees and agents from any and all manner and type of liability and claim, action, demand or compensation, in law and equity, which I or my heirs have or might have, now or hereafter by reason of this request to be pierced. I make these statements entirely of my own free will and sound mind. I also agree to follow the procedures outlined in the aftercare instructions which I have received for the proper care of my minor child's piercing. This is a legally binding contract.

**Minor Clients-Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/legal Guardian's**  
**NOTARIZED Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_