

Dreaming Tree
Body Art



INFORMED CONSENT TO BODY PIERCING(S) FOR MINORS FULL RELEASE AND WAIVER OF ALL CLAIMS

I, _____, am the parent/legal guardian of _____.

I hereby grant my permission for the body piercing of my minor child mentioned above. I understand that the Piercer is not a medical professional, and any advice or comments provided by them should not be interpreted as medical guidance. I confirm that I have had ample opportunity to ask any questions regarding the body piercing process at Dreaming Tree Body Art, and all my inquiries have been thoroughly addressed to my satisfaction. I acknowledge that I have been informed about the following matters and I consent to the terms outlined below:

1. I have advised the Piercer of any allergies that my child might have to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether my child might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.
2. My child does not have any medical or skin conditions, including but not limited to keloid or hypertrophic scarring, psoriasis at the piercing site, or any open wounds or lesions in that area.
3. My child is neither pregnant nor nursing. They do not have epilepsy or hemophilia. Additionally, my child does not have any heart conditions and is not taking any blood-thinning medications. I have also communicated to the Piercer any existing conditions, such as diabetes, that may affect the healing process of my child's piercing.
4. If my child has hepatitis or any other communicable disease, I have disclosed this information to the Piercer. I have also received guidance on the necessary procedures to ensure proper healing of their piercing.
5. My child is not impaired by drugs or alcohol. To the best of my knowledge, my child does not have any physical, mental, or medical conditions that could impact their well-being as a direct or indirect consequence of my decision to proceed with the piercing at this time.
6. I understand that there is always a risk of infection associated with getting a piercing. Both my child and I have received aftercare instructions, and we agree to adhere to all of them during the healing process of my child's piercing.
7. I acknowledge that the decision to obtain this piercing is solely mine and my child's, and that it will lead to a permanent alteration of my child's appearance. I understand that no assurances have been given regarding the possibility of returning the skin at the piercing site to its original condition prior to the procedure.
8. THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES DOES NOT ENDORSE OR RECOMMEND BODY ART PROCEDURES IN ANY FORM. The Piercer has thoroughly explained the nature of the procedure(s) to both me and my child, as well as the potential complications and risks involved, which may include but are not limited to: bleeding, pain, swelling, infection, extended healing time, scarring, nerve damage, fainting, and even death.
9. I acknowledge that my child is receiving the piercing in a properly sterile environment.

Understand that Body Art Procedures are invasive and may carry potential health risks, particularly for individuals with certain pre-existing medical conditions. I recognize the importance of consulting with both my physician and my child's physician before proceeding with any Body Art Procedure. Should my child experience any adverse effects during the healing process related to the Body Art Procedure, we have been advised to seek medical attention promptly and to inform the Body Artist and/or the Body Art Establishment where the procedure was performed.

*IMPORTANT: There is a risk of contracting Hepatitis B, Hepatitis C, HIV, or other blood-borne diseases with any procedure that involves exposure to blood products or instruments that may be contaminated with blood. Additionally, an individual is ineligible to donate blood for 12 months following any body art procedure.

We have received a copy of the Aftercare Instructions and Notice Regarding Healing Periods specific to my child's Body Art Procedure. We have also had the opportunity to ask any questions about the procedure, and all our inquiries have been addressed.

We request that the Piercer perform a _____
piercing on my child. On behalf of my child and myself, I agree to release, indemnify, and hold harmless the Piercer, Dreaming Tree Body Art, and all its employees from any and all claims, damages, or legal actions arising in any way from my child's piercing, including the procedure and conduct involved. I confirm that my child is voluntarily consenting to the procedure outlined above.

Date: _____ Name: _____

Address: _____

Name of Minor: _____ Minors Age: _____

Address: _____

Drivers Lic # Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Signature Of Minor: _____

Name Of Piercer: _____ Piercers Signature: _____

Fee: _____ Type Of Payment: _____

On the _____ day of _____ of year _____,
before me, the undersigned, personally appeared _____,
personally known or proved to me on the basis of satisfactory evidence to be the
individual(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their capacity, and that by his/her/their signature(s) on the instrument, the
individual(s), or the person upon behalf of whom the individual(s) acted, executed the instrument.

Notary Public

I certify that the body piercing work has been completed to my satisfaction.

Parent/Legal Guardian Signature

Also

certify that I did receive a copy of the Suggested Aftercare Guidelines for Body Piercing Procedures and a copy of the Estimated Healing Periods for Body Piercing Procedures

Parent/Legal Guardian Signature