Studio name _____

Ear piercing consent for a child

A parent or guardian fills this in and signs. It takes about two minutes.

Parent or guardian

Parent or guardian

Parent or guardian's name

Relationship to the client

Phone

Photo ID type and number

Parent or guardian's signature _____ **Date** _____

Printed name

Your child

Your child's name
First name

Last name

Your child's date of birth (MM/DD/YYYY)

Where on the ear

Mark or describe the placement

Which ears

☐ Both ears ☐ Left ear ☐ Right ear

Is your child allergic to any metal (such as nickel), latex or skin product?

☐ Yes ☐ No

What are they allergic to?

Does your child have a bleeding disorder or take a medicine that affects clotting?

☐ Yes ☐ No

Tell us more.

Does your child have diabetes?

☐ Yes ☐ No

Does your child have a skin condition, rash or sore on or near the ears?

☐ Yes ☐ No

What is it?

Does your child have seizures or faint easily?

☐ Yes ☐ No

Does your child, or anyone in the family, tend to form raised scars (keloids)?

☐ Yes ☐ No

Is there anything else about your child's health we should know?

☐ Yes ☐ No

Tell us more.

Your child today

My child isn't under the influence of alcohol or drugs and hasn't taken a medicine that thins the blood or affects clotting in the last 24 hours.

Initials ☐

Your visit

Where should we come? (mobile visits)
Street address

City, state, ZIP

What you agree to

I'm the parent or legal guardian
I'm this young person's parent or legal guardian, and the ID and documents I'm giving are real and mine.

Initials ☐

This one procedure
My consent covers only the procedure, body part and date written on this form. Anything else needs a new form.

Initials ☐

Risk of infection
I understand ear piercing carries a risk of infection. I'll follow the aftercare instructions and take my child to a doctor if I think it's infected.

Initials ☐

Keep the jewelry in
I understand the earrings stay in while the piercing heals. A piercing can shrink or close quickly without them.

Initials ☐

Piercings can scar
I understand a piercing may leave a scar, even after the earrings are taken out.

Initials ☐

If my child isn't ready
The piercer may stop or not start if my child can't keep still or doesn't want it, and we can come back another day.

Initials ☐

Photos of the piercing

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Sign

Parent or guardian signature _____ **Date** _____

Printed name _____

For the piercer (For the studio)

Piercing and placement

How it was pierced

☐ Pre-sterilized single-use stud system ☐ Needle

Jewelry from your inventory

Material

☐ Implant-grade steel ☐ Implant-grade titanium ☐ Niobium

☐ Solid gold, 14k to 18k, with no nickel or cadmium ☐ Platinum ☐ Fused quartz glass

☐ Borosilicate glass, no lead ☐ Soda-lime glass, no lead ☐ Gold plated (not for a new piercing)

☐ Gold filled (not for a new piercing) ☐ Gold vermeil or overlay (not for a new piercing)

☐ Body-safe plastic (PTFE, Tygon or similar) ☐ Something else

Material standard

☐ ASTM F-138 ☐ ISO 5832-1 ☐ ISO 10993 (6, 10 or 11) ☐ EU Nickel Directive

☐ ASTM F-136 (Ti6Al4V ELI) ☐ ASTM F1295 ☐ ISO 5832-3 ☐ ASTM F-67 (commercially pure)

☐ USP Class VI ☐ ASTM F754 (PTFE) ☐ Tygon ND 100-65 or ND 100-80

☐ No ASTM or ISO grade applies

Gold karat

☐ 14k ☐ 16k ☐ 18k

Gauge

Length or diameter

Style

☐ Labret or flat back ☐ Straight barbell ☐ Curved barbell ☐ Circular barbell ☐ Ring

☐ Nostril post ☐ Dermal top ☐ Single-use ear stud ☐ Other

Ends

☐ Internally threaded ☐ Threadless (press fit) ☐ Externally threaded (not for a new piercing)

☐ No removable end

Supplier

Lot or invoice number

Mill certificate reference

Stud and needle lots

Piercer license number