Studio name _____

Parent or guardian consent for a piercing

Your state's rules decide which piercings are allowed under 18 and what we need from you. The studio goes over your state's rules with you before you sign.

Who is getting pierced

Their name
First name

Last name

Their date of birth (MM/DD/YYYY)

Which piercing, and where

Mark or describe the placement

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

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 ☐

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

Initials ☐

Risk of infection
I understand piercing carries a risk of infection. I'll follow the aftercare instructions and see a doctor if I think it's infected.

Initials ☐

Keep the jewelry in
I understand the jewelry stays in while the piercing heals. A piercing can shrink or close quickly without it, and a piercer should make any change.

Initials ☐

Downsizing
I understand many piercings need shorter jewelry once the swelling goes down, and I'll come back when my piercer recommends it.

Initials ☐

Deposit policy
Your deposit holds your appointment and comes off your final price. Moving your appointment needs at least 48 hours' notice.

Initials ☐

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.

Parent or guardian signature _____ **Date** _____

Printed name _____