

This section is to be filled out entirely by the person receiving the procedure.

# BODY PIERCING

## MEDICAL HISTORY CONSENT AND RELEASE FORM

Please circle YES or NO:

YES NO Diabetes	YES NO HIV	YES NO Heart Condition	YES NO Faintness or Dizzy Spells
YES NO Epilepsy	YES NO Hemophilia	YES NO Eczema/Psoriasis	YES NO Scarring/Keloiding
YES NO T.B.	YES NO Asthma	YES NO Herpes	YES NO Pregnant/Nursing
YES NO Hepatitis	YES NO Infections	YES NO Blood Thinners	YES NO Prophylactic Antibiotics

Do you have allergies? **YES NO** If yes, please list: \_\_\_\_\_

Do you take medications? **YES NO** If yes, please list: \_\_\_\_\_

Are you currently under a doctor's care for a continuing condition? **YES NO**

Are there any know medical problems that may affect you getting a piercing? **YES NO**

When is the last time you ate? \_\_\_\_\_

*Please Read:*

- This is to certify that I am at least 18 years of age.
- I am not under the influence of alcohol or drugs.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I understand the potential for damage to my oral health by my choice to receive an oral piercing.
- I agree to follow all instructions given to me by Fine Line Tattoo and its employees concerning the aftercare of my piercing.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a piercing.  
*\*If you feel this way during or after the procedure, please let us know immediately.*
- I understand there are **NO REFUNDS**.
- I've been given a chance to ask questions and they've been answered to my satisfaction.

I hereby release Fine Line Tattoo & Body Piercing, LLC and its employees of all responsibility and liability for said piercing.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Phone # \_\_\_\_\_

D.L. # \_\_\_\_\_ Today's Date \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

**Parent/legal guardian to fill out this section entirely:**

If under 18, child AND parent/guardian signatures are to be done in the presence of a notary. Parent/guardian must be present throughout the procedure and proper I.D. must be shown prior to service.

I, (print name) \_\_\_\_\_ give permission for my child to receive a piercing.

Parent/Guardian Signature \_\_\_\_\_ D.L. # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

**Notary's Statement:**

Sworn and Scribed before me on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

Notary signature: \_\_\_\_\_ Seal: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

New Piercing \_\_\_\_\_ Stretching \_\_\_\_\_ Jewelry Insertion/Removal Only \_\_\_\_\_ Cleaning \_\_\_\_\_

Placement \_\_\_\_\_ Jewelry Used \_\_\_\_\_

Piercer \_\_\_\_\_ Care information given: Verbally \_\_\_\_\_ Written \_\_\_\_\_

Remarks: \_\_\_\_\_