

SUNRISE TATTOO

Minor Tattoo Consent Form

Parent/Guardian information:

- First name _____ Last name _____
- Address: _____
- Email and phone: _____
- Date of Birth(MM/DD/YY): _____

Medical and Health Information

1. Does your child consume any medication within the last month, or are they currently taking any medication?

Yes:(If yes, please specify the medication(s): _____

No

2. Does your child have a communicable disease?

Yes

No

3. Please tell us about your child's medical history (e.g., Diabetes, Cardiovascular Disease, Epilepsy, Blood-related disease, etc.):

4. Skin Conditions (e.g., Rashes, eczema, infection, psoriasis, freckles, allergies etc.):

5. Have your child had any illnesses in the last 48 hours:

Initials of Parent/Guardian: _____

Please read and answer the following:

1. I am a natural parent or legal guardian of: _____
2. My child's date of birth is _____ Age: _____
3. I have the legal authority to give consent for this child's tattoo
4. I consent to the tattooing of my child as follows(Description and Location of Tattoo): _____
5. I understand that this procedure is a permanent change to my child's skin and body.
 Agree
6. I allow my child's tattoo to be photographed and be used for the Tattoo Shop portfolio.
 Agree
7. I acknowledge that the Tattoo Shop does not offer refunds.
 Agree
8. I agree that the studio does not have a way of identifying if my child is allergic to the elements or ingredients that will be used for my tattoo.
 Agree
9. I indemnify and hold harmless the Tattoo Shop against any claims, expenses, damages, and liabilities.
 Agree
10. I confirm that the information I provided in this document is accurate and true.
 Agree
11. I have received verbal and written aftercare instructions _____

Signatures

- Parent/Guardian Signature:

- Date:

- Tattoo Artist Name:

- Tattoo establishment name:

- Artist Signature:
