

SUNRISE TATTOO

Tattoo Consent Form

In compliance with Florida Statutes §381.00787 & Florida Administrative Code 64E-28

Minor Client Information

Full Legal Name of Minor: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Health Questionnaire (To be completed by Parent or Guardian)

☐ Yes ☐ No Does your child have hemophilia or bleeding disorders?

☐ Yes ☐ No Does your child have diabetes?

☐ Yes ☐ No Does your child have skin conditions (e.g., eczema, psoriasis)?

☐ Yes ☐ No Does your child have bloodborne diseases?

☐ Yes ☐ No Does your child have allergies (e.g., pigments, latex, iodine, metals)?

☐ Yes ☐ No Is your child currently pregnant or nursing?

☐ Yes ☐ No Has your child consumed any medication within the last month or is currently taking any medication?

☐ Yes ☐ No Has your child had any illnesses within the last 48 hours?

If "Yes" to any of the above questions, please explain:

Acknowledgment of Risks & Consent

_____ My child is receiving this tattoo voluntarily and is of sound mind.

_____ My child is not under the influence of alcohol or drugs.

_____ I understand the risks involved, including infection, allergic reactions, and scarring.

_____ I understand tattoos are considered permanent and may not be removable.

_____ I indemnify and hold harmless the Tattoo Shop against any claims, expenses, damages, and liabilities.

_____ I consent to my child's tattoo being photographed and used for social media promotion and/or the shop portfolio.

_____ I acknowledge that the Tattoo Shop does not offer refunds.

_____ I understand that the Tattoo Shop cannot determine unknown allergies my child may have to any tattoo ingredients or materials.

_____ I have received verbal and written aftercare instructions on behalf of my child.

Tattoo Artist Certification

Tattoo Artist Name: _____

Tattoo Artist Signature: _____ Date: _____

Parent or Legal Guardian Authorization

Parent/Guardian Full Name: _____

Relationship to Minor: _____

Parent/Guardian Signature: _____ Date: _____