

# SUNRISE TATTOO

## Tattoo Consent Form

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

### Client Information

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tattoo Description/Placement: \_\_\_\_\_

### Health Questionnaire

Please check "Yes" or "No" for each item:

Condition	Yes	No
Hemophilia or bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions (e.g., eczema, psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>
Bloodborne diseases	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (e.g., pigments, latex, iodine, metals)	<input type="checkbox"/>	<input type="checkbox"/>
Currently pregnant or nursing	<input type="checkbox"/>	<input type="checkbox"/>
Have you consumed any medication within the last month or are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any illnesses within the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any, please explain:

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### Acknowledgment of Risks & Consent

\_\_\_ I am receiving this tattoo voluntarily and am of sound mind.

\_\_\_ I am not under the influence of alcohol or drugs.

\_\_\_ I understand the risks: 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 tattoo being photographed and used for social media promotion in addition to being added to the tattoo shop portfolio.

\_\_\_ I acknowledge that the Tattoo Shop does not offer refunds.

\_\_\_ I understand that the Tattoo Shop has no way of identifying any allergies the client might have to the elements and or ingredients used during your tattoo session.

\_\_\_ I have received verbal and written aftercare instructions.

### Tattoo Artist Certification

I have reviewed all risks, confirmed age with valid ID, and provided aftercare instructions.

Tattoo Artist Name: \_\_\_\_\_

Tattoo Artist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Client Authorization

I certify that the information provided is accurate and complete. I have read and fully understand this consent form. I voluntarily agree to receive the tattoo.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_