

# SUNRISE TATTOO

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## Tattoo Consent Form for Minors (Ages 16-17)

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: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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:

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### 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: \_\_\_\_\_