



PIERCERIGHT

# BODY PIERCING CONSENT FORM

This is an agreement between the piercer and the client, indicating that full communication has taken place to ensure a legal, safe and successful body piercing.

CLIENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ P/CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ AGE \_\_\_\_\_ I.D. sighted \_\_\_\_\_

If signing for an under 18 year old, are you their PARENT? \_\_\_\_\_ LEGAL GUARDIAN? \_\_\_\_\_

Licence number details YOUR NAME \_\_\_\_\_ YOUR LICENCE NUMBER \_\_\_\_\_

## Confidential Information (discuss each question with the piercer)

*Please circle .. yes or no .. correctly*

I am 18 years of age or older or have parental consent for this piercing	Yes / No
Have you eaten within the past 4 hours	Yes / No
Have you been drinking alcohol within the last 8 hours	Yes / No
Are you currently taking any non prescribed drugs	Yes / No
Are you currently taking any medication	Yes / No
Are you prone to fainting	Yes / No
Do you have any fears around medical type procedures	Yes / No
I have provided my own jewellery and take full responsibility for it	Yes / No
I understand that the piercer cannot be held responsible if my body reacts negatively to the metal of the jewellery	Yes / No
I understand that the piercer's suggestions are not to be confused with medical advice	Yes / No
I understand that I am totally responsible for looking after my piercing	Yes / No
I understand that sterilized jewellery and equipment and/ or single use disposables will be used for my piercing	Yes / No

*Please indicate (by circling) if any of the following conditions apply to you*

Heart Disease / Diabetes / Epilepsy / H.I.V/A.I.D.S. / Hepatitis / Keloiding / Heavy Bleeding / Pregnancy / Cold Sores

## STATEMENT OF CONSENT

This is to certify that I, the above named and undersigned, do give my permission to be pierced at

Business Name \_\_\_\_\_

I have answered all of the above questions truthfully.

I am fully aware of and take full responsibility for the piercing process, the healing and the daily aftercare procedure.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Body Piercer's Signature \_\_\_\_\_ Dated \_\_\_\_\_

\* The piercer's signature is assurance of correct procedure, sterilization, and client education

Piercing Position \_\_\_\_\_ Fee \_\_\_\_\_

Jewellery Used GAUGE: 20g 18g 16g 14g 12g SIZE: 6mm 8mm 10mm 12mm Other \_\_\_\_\_ Add On \_\_\_\_\_

METAL: SSS Zircon Titanium PTFE/Bio Other \_\_\_\_\_ STYLE: BCR / Bar / Lab / Ban / Jewelled Navel / Circ / Nose / Other \_\_\_\_\_

## NOTES BY PIERCER

On Arrival & Pre Procedure \_\_\_\_\_

Special Circumstances/ Considerations \_\_\_\_\_

During Procedure \_\_\_\_\_

Post Piercing \_\_\_\_\_

Aftercare Instructions Given \_\_\_\_\_ Aftercare Product Given \_\_\_\_\_ Return Appointment Advised \_\_\_\_\_