

This section is to be filled out entirely by the person receiving the procedure.

BODY PIERCING

MEDICAL HISTORY CONSENT AND RELEASE FORM

Please circle YES or NO:

YES NO Diabetes	YES NO Infections	YES NO Heart Condition	YES NO Faintness or Dizzy Spells
YES NO Epilepsy	YES NO Hemophilia	YES NO Eczema/Psoriasis	YES NO Scarring/Keloiding
YES NO Asthma	YES NO Blood Thinners	YES NO Pregnant/Nursing	YES NO Prophylactic Antibiotics

Do you have allergies? **YES NO** If yes, please list: _____

Do you take medications? **YES NO** If yes, please list: _____

Are you currently under a doctor's care for a continuing condition? **YES NO**

Are there any know medical problems that may affect you getting a piercing? **YES NO**

When is the last time you ate? _____

Please Read:

- This is to certify that I am at least 18 years of age.
- I am not under the influence of alcohol or drugs.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I understand that piercings do not cure any diseases, chronic conditions or any other health ailments.
- I understand the potential for damage to my oral health by my choice to receive an oral piercing.
- I agree to follow all instructions given to me by Fine Line Tattoo and its employees concerning the aftercare of my piercing.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a piercing.
**If you feel this way during or after the procedure, please let us know immediately.*
- I've been given a chance to ask questions and they've been answered to my satisfaction.
- I understand there are **NO REFUNDS**.

I hereby release Fine Line Tattoo & Body Piercing, LLC and its employees of all responsibility and liability for said piercing.

Signature _____ Print Name _____

Address _____ City, State _____ Phone # _____

Driver's License OR ID # _____ Today's Date _____ D.O.B. _____ Age _____

Parent to fill out this section entirely:

If under 18, child AND parent signatures are to be done in the presence of a notary. Parent must be present throughout the procedure and proper I.D. must be shown prior to service.

I, (print name) _____ give permission for my child to receive a piercing.

Parent _____ D.L. # _____

Address _____ City, State _____

Notary's Statement:

Sworn and Scribed before me on this _____ Day of _____ 20____.

Notary signature: _____ Seal: _____

DO NOT WRITE BELOW THIS LINE

New Piercing _____ Stretching _____ Jewelry Insertion/Removal Only _____ Cleaning _____

Placement _____ Jewelry Used _____

Piercer _____ Care information given: Verbally _____ Written _____

BODY PIERCING