Consent Form (Piercing)

Studio: _____

Piercer: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Piercing Details

Piercing Location(s): _____

Jewelry Style: _____

Jewelry Material: _____

Gauge/Size: _____

Please read and initial each item

- [ ] I confirm I meet the legal age requirement for this piercing.
- [ ] My identity and age will be verified with a valid photo ID.
- [ ] I understand that piercing punctures the skin and creates a wound that requires proper care to heal.
- [ ] I understand risks include infection, scarring, keloid formation, allergic reactions, migration, rejection, and nerve sensitivity changes.
- [ ] I agree to follow all aftercare instructions provided to me.
- [ ] I understand that healing time varies by placement and individual, and that outcomes cannot be guaranteed.

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- [ ] I understand that changing jewelry before the piercing is fully healed can cause complications.
- [ ] I had the opportunity to ask questions before the procedure.
- [ ] I consent to documentation photos.
- [ ] I confirm that the decision to get this piercing is entirely my own, and I consent to the piercing procedure.

Health and Safety Screening

- [ ] I am not under the influence of alcohol or drugs.
- [ ] I am feeling well today.
- [ ] I have disclosed any relevant medical information below.

- **Known metal or material allergies?**
  - [ ] Yes — describe: _____
  - [ ] No
- **Blood-thinning medications or bleeding disorder?**
  - [ ] Yes
  - [ ] No
- **Diabetes?**
  - [ ] Yes
  - [ ] No
- **Immune system conditions or immunosuppressant medications?**
  - [ ] Yes
  - [ ] No
- **Heart condition or pacemaker?**
  - [ ] Yes
  - [ ] No
- **Pregnant or nursing?**
  - [ ] Yes
  - [ ] No
- **Skin conditions at or near the piercing site?**

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- [ ] Yes — describe: _____
- [ ] No

Other health notes: _____

Minor / Guardian Section *(complete only if client is a minor)*

Laws regarding piercing minors vary by location. Verify your local requirements before proceeding.

Guardian Name: _____

Relationship to Minor: _____

- [ ] I am the legal parent or guardian of the above-named minor and consent to this piercing.
- [ ] I will be present for the procedure.

Guardian Signature: _____ Date: _____

Client Signature: _____ Date: _____

Piercer/Staff Signature: _____ Date: _____

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