



# Consent Form (Piercing, Minor)

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**Studio:** \_\_\_\_\_

**Piercer:** \_\_\_\_\_

**Appointment:** \_\_\_\_\_ at \_\_\_\_\_

*Laws on piercing minors vary by state, county, and city. Some places don't allow it at all, and some limit which piercings are allowed. Use this form only where your state allows it, and check your local laws first.*

## Minor Information

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Minor's Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

## Parent or Guardian Information

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Guardian Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

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

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

## ID and Proof of Relationship

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Guardian Photo ID Type: \_\_\_\_\_

Guardian ID Expiration Date: \_\_\_\_\_

Minor's ID Type: \_\_\_\_\_

Proof of Relationship Shown: \_\_\_\_\_

- ☐ Staff checked the guardian's current government photo ID.
- ☐ Staff checked a document that shows the guardian's relationship to the minor, such as a birth certificate or court papers.
- ☐ Copies of the ID and documents are kept on file where local rules require it.

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**Prefer not to print? Run this form digitally — clients sign on their phone before they arrive.**  
**Free at [useapprentice.com](https://useapprentice.com)**

## Piercing Details

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Piercing Location(s): \_\_\_\_\_

Jewelry Style: \_\_\_\_\_

Jewelry Material: \_\_\_\_\_

Gauge/Size: \_\_\_\_\_

## Parent or Guardian: please read and initial each item

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- ☐ I am the legal parent or guardian of the minor named above.
- ☐ I understand that piercing a minor is only allowed where state and local law permit it. I give my consent for this piercing.
- ☐ I will stay with the minor for the entire procedure.
- ☐ I have reviewed and approve the piercing location and jewelry listed above.
- ☐ The minor wants this piercing and is not being pressured to get it.
- ☐ The minor is not under the influence of alcohol or drugs.
- ☐ I understand risks include infection, scarring, keloid formation, allergic reactions, migration, rejection, and nerve sensitivity changes.
- ☐ I understand that healing time varies by placement and by person, and that results can't be guaranteed.
- ☐ I take responsibility for making sure the minor follows all aftercare instructions until the piercing is fully healed.
- ☐ I understand that changing or removing jewelry before the piercing heals can cause problems. We will contact the studio with any questions.
- ☐ We had the chance to ask questions before the procedure.
- ☐ *(Optional)* I consent to documentation photos.

## Health Screening (about the minor)

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- **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

• **Skin conditions at or near the piercing site?**

☐ Yes, describe: \_\_\_\_\_

☐ No

Other health notes: \_\_\_\_\_

☐ I certify that the information on this form is true.

☐ I release \_\_\_\_\_ and \_\_\_\_\_ from all liability for any injuries or claims arising from the minor receiving this piercing, except in cases of gross negligence.

### Minor's Acknowledgment

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☐ I want this piercing. I understand the risks, and I will follow the aftercare instructions.

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**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Piercer/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_