

## **Consent and Release Form**

Prior to the performance of body art, the client shall read, complete, and sign an Informed Consent Form (California Health & Safety Code §119303).

I HAVE READ AND UND	ERSTOOD AND AGREED TO THE	FOLLOWING:		
2) All questions have 3) A brief description 4) I understand that 5) This is to certify 6. I am not under the duress or coercies 7. I understand that 8. I understand that 9. I agree to follow negligence will be 10. Variations in complied to my lexposure to the chance I might	nat to the best of my knowledge this we been answered to my satisfaction of the type of procedure and local the said tattoo is permanent, and at that I am at least 18 years of age. The influence of ALCOHOL or DRUGON.  It there is a possibility of an allergic of there is a possibility of an infection all instructions concerning the care seed one at my own expense. Followed all also understand that over the sun and the naturally occurring distant feel lightheaded, dizzy during or af at the FDA has not approved of any	n. tion of the procedure has bee administered by penetrating the S and am voluntarily submitting reaction. of my tattoo, and that any tou the tattoo art I have selected a me, colors and the clarity of the spersion of pigment under the fer being tattooed.	ne skin with pigment.  Ing to be tattooed without  Ich-ups needed due to my own  and the actual tattoo when it is the tattoo will fade due to unprotect  e skin. I understand that there is a	
	ees to follow the suggested aftercard I agree to all clauses state above.	e instructions pertaining to the	e body art procedure.	
Name:	Birth	Date:	Age:	
Address:	City:		State:Zip:	
ID#/Driver's: License	Phor	ne:	Email:	
Signature:	Date	:		
KEEP THIS SHEET FO	R 2 YEARS			
	<u>CU</u>	<u>T HERE</u>		
GIVE THIS TO THE CL		TONNAIRE		
Please check any an	d all conditions that apply to y	ou as listed below:		
□ Diabetes	☐ Hemophilia	☐ Heart Condition	☐ Herpes at the site	
□ Epilepsy	□ Scarring/Keloiding	□ Eczema/Psoriasis	□ Blood Thinners	
□ T.B.	□ Pregnant/Nursing	□ Skin Conditions	☐ Hepatitis (B/C)	
☐ You have allergice	reactions to latex or antibiotic	cs		
☐ Have a history of to dental or surgical	medication use or is using me procedures.	edication, including being	g prescribed antibiotics prior	
□ Any other risk fac	tors for blood borne pathogen	ns (HIV,AIDS , etc.)		

## **Use of Needles/Tubes/or Staple the Items**

Item	Needle	Ink	Tube	Disposable#	Brand

After a few days you may notice some peeling and possibly a little scabbing. It is at this point in the healing process that our tattoo will begin to itch. RESIST THE URGE TO SATISFY YOUR DESIRE TO SCRATCH, RUB, OR PICK at the tattoo.

Remember -- the first few days and weeks (for a new tattoo) are probably the most important for your new tattoo. Make sure you care for it properly. Seek medical help or see a physician if you experience symptoms such as excessive swelling, redness, yellow or green discharge, fever, or see streaks running towards the heart-which indicate signs of an infection.

Do not actively participate in water sports or activities, garden, or play with animals until the tattoo has healed. Keep the tattoo out of direct sunlight, and follow any other requirements set forth by the practitioner.