(Facility’s Name)

(Facility’s Address)

(Facility’s Phone Number)

**BODY ART CONSENT RELEASE FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Client’s Name |  | Date |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | DOB |  | Age |  | Type of ID |  |  |  |  |  |  | | --- | --- | --- | --- | | Address |  | Phone Number | ( ) |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | City |  | State |  | Zip |  | |

Safe Body Art Act requires that prior to the performance of body art, the client shall read, complete, and sign an informed consent form that shall include, but not be limited to, all of the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Location of Body Art | Body Art Design |  |  |  |  |  | | --- | --- | --- | --- | | Right Shoulder  C:\Users\a9282\Desktop\Body Silhouette Front and Back.png | |  | | --- | | Lion Head (Black and Grey) |  |  | | --- | |  | | |

|  |  |  |
| --- | --- | --- |
| |  | | --- | |  |   Initials | I acknowledge that there may be a certain amount of pain, minor bleeding, bruising, redness or other discoloration, and swelling at the procedure site area during and after the (body art) procedure. |
| |  | | --- | |  |   Initials | I acknowledge that infection is always possible as a result of obtaining a (body art**)**, particularly in the event that I do not take proper care of my (body art). |
| |  | | --- | |  |   Initials | I acknowledge receipt of written instructions advising me of proper care of my (body art) and recognize the absolute necessity of following those written instructions. |
| |  | | --- | |  |   Initials | I acknowledge that (body art) is a permanent change to my appearance and removal may not result in the restoration of the skin to its exact original condition. |
| |  | | --- | |  |   Initials | I acknowledge that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and the health consequences of using these products are unknown. |
| |  | | --- | |  |   Initials | **POST-PROCEDURE (AFTER CARE) INSTRUCTIONS**   |  | | --- | | INFORMATION ON THE CARE OF THE PROCEDURE SITE. | |  |  |  | | --- | | RESTRICTIONS ON PHYSICAL ACTIVITIES DURING BODY ART HEALING | | 1. Bathing 2. Recreational water activities 3. Gardening 4. Contact with animals |  |  | | --- | | SIGNS OF NORMAL HEALING PROCESS | | * A Little Bit of Redness * Itching * Peeling * Scabbing * Light Swelling |  |  | | --- | | SIGNS AND SYMPTOMS OF INFECTION INDICATING THE NEED TO SEEK MEDICAL CARE | | Redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.  Facility’s Additional Information If Applicable | |

I have read this body art consent release form and agree to its terms.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |
| --- |
| Do Not Write Below This Line (for Body Art Practitioner Use Only) |

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name |  | Date |  |

|  |  |
| --- | --- |
| Body Art Practitioner’s Name |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Disposable, Single-use, Pre-Sterilized Equipment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **Needle** |  |  |  |  | | --- | --- | --- | | Item# | Lot# | Exp. Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |  | | --- | | **Tube** |  |  |  |  | | --- | --- | --- | | Item# | Lot# | Exp. Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |