

Minor Tattoo Consent Form

1. Parent/Guardian Information *

First Name

Last Name

Address Line

Email

Phone

Birthday

Month

Day

Year

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

2. I am the natural parent or legal guardian of: *

Type your answer here

3. My child's date of birth is: *

Type your answer here

4. My child's age is:*

Type your answer here

5. I have the legal authority to give consent for this child's tattoo.*

Type your answer here

6. I consent to the tattooing of my child as follows (Description and Location of Tattoo)

Type your answer here

7. Does your child have any skin conditions?*

Yes

No

8. Skin conditions (e.g. Rashes, eczema, infection, psoriasis, freckles, etc.)*

Type your answer here

9. Please tell about your child's medical history (e.g. Diabetes, Cardiovascular Disease, Epilepsy, Blood-related disease etc.) *

Type your answer here

Please read and agree to the following:

10. I confirm that the information I provided in this document is accurate and true.*

Agree

Parent/Guardian Signature *

I agree to use [electronic records and signatures](#).

Clear

× Customer Signature
