## Minor Tattoo Consent Form

1. Parent/Guardian Information \*

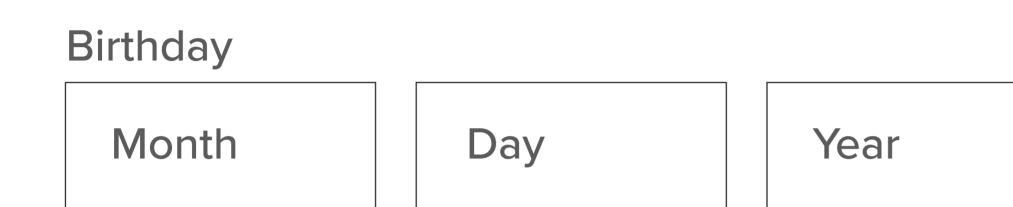
First Name

Last Name

Address Line

Email

Phone



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?\*

Νο

Yes

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.

X Customer Signature