

# BODY PIERCING CONSENT FORM

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**Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Consent form for body piercing services covering piercing location, jewelry material, aftercare, and health risk disclosures.*

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*\* Required fields*

**Full Name \***

*Jane Doe*

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**Email \***

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**Phone Number \***

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**Date of Birth \***

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**ID Type \***

*Options: Driver's License / State ID / Passport / Military ID*

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**ID Number \***

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**Piercing location \***

*Options: Earlobe / Cartilage (Helix) / Tragus / Conch / Daith / Industrial / Nose (Nostril) / Septum / Lip / Tongue / Eyebrow / Navel / Nipple / Other*

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**Jewelry material preference \***

*Options: Implant-Grade Titanium / Surgical Steel / 14K Gold / Niobium / No preference*

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**Allergies to metals?**

*Nickel, cobalt, etc.*

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**Medical conditions**

*Hemophilia, diabetes, heart conditions, keloid tendency...*

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**Are you taking blood thinners? \***

*Options: Yes / No*

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**Are you pregnant? \***

*Options: Yes / No / N/A*

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I am at least 18 years old (or have parental consent) \*

I understand healing times vary by piercing location \*

I have reviewed the aftercare instructions \*

**Client Signature \***

*Sign here*

**Date:** \_\_\_\_\_

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**CONSENT / WAIVER**

I consent to the body piercing described above and acknowledge that: (1) Piercing involves puncturing the skin or cartilage and carries risks including infection, keloid scarring, rejection, migration, nerve damage, and allergic reaction to jewelry; (2) Healing times vary — earlobes (6-8 weeks), cartilage (3-12 months), navel (6-12 months); (3) Proper aftercare is essential and failure to follow instructions may result in complications; (4) Some piercings may close if jewelry is removed during healing; (5) I am not under the influence of drugs or alcohol. I have disclosed all allergies, medications, and medical conditions. I release the piercer and studio from liability for complications arising from undisclosed conditions or improper aftercare.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_