

Northside Tattoo, Inc.
Minor Medical Disclosure & Release Form
No information will be released without your consent.

In order for the proper healing of your body art procedure, we ask that you disclose if the minor may have or had any of the following:

Diabetes:	Y	N
Hemophilia:	Y	N
Skin Disease:	Y	N
Allergies, such as latex:	Y	N
Epilepsy/Fainting:	Y	N
Currently taking any medications, such as anticoagulants:	Y	N
May be pregnant:	Y	N

I acknowledge the following (please initial):

_____ I have truthfully represented to the associates and agents of Northside Tattoo, Inc. that I am the parent of the minor to be tattooed/pierced.

_____ It is not reasonably possible for the agents of Northside Tattoo, Inc. to determine whether an allergic reaction to the metal, ointments or processes used in my tattoo or piercing may occur, and I agree to accept that such reactions are possible.

_____ Infection is always possible as a result of obtaining a tattoo/piercing, particularly in the event that the minor does not take proper care of their tattoo/piercing as recommended by the artist and/or exposing the tattoo/piercing to an environment that may harbor bacteria such as the gym, hot tub, etc. I have received written instructions regarding the aftercare of my body art procedure and agree to follow them. I understand the piercing/tattoo will be performed using appropriate instruments and sterilization. I consent to, and all use of, photographs.

_____ I am not under the influence of any intoxicating substance and am of sound mind.

I hereby release Northside Tattoo, Inc. and its employees and agents from all manner and type of action, compensation, claim, demand, and liability, in law and in equity, which I, or my heirs, have or might have, now and hereafter, by reason of my request for the tattoo or piercing. I realize that falsification or misrepresentation of information provided by me is a crime and is subject to prosecution. I also agree that this procedure may be a permanent change in appearance. I also agree that I have been fully informed of all risks involved. This is a binding contract. I am the parent/legal guardian of _____, who is under the age of 18. I hereby grant permission for him/her to be tattooed/pierced. (State/Federal Issued Photo ID & notarized statement required)

Parent Name: _____ I.D. Used: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Minor Name: _____ D.O.B: _____ I.D. Used: _____

Signature: _____ Date: _____

Email: _____ How you heard of us: _____

Tattoo: _____

Piercing: _____

Location: _____

Jewelry: _____

Artist: _____

Piercer: _____

Price: _____ Cash / Credit / Gift Cert.