

Psychedelic Shack Minor Tapering Release Form

Minor Name: _____ D.O.B: _____ Gender: F / M

Guardian Name: _____ Relation: Parent / Legal Guardian

Street Address: _____ Race: _____

City, State, Zip: _____ Phone #: _____

I, _____ (Guardian Name), the parent / legal guardian of above named minor, authorize The Psychedelic Shack, Inc. to taper my child's _____ (body part).

We release The Psychedelic Shack, its employees, and any subcontractors from any and all liability from this procedure. We willingly submit to this procedure and understand the possible implications, not limited to infection, allergic reaction, or rejection of the new jewelry.

Minor to answer all questions below:

Do you have any allergies or have had an allergic reaction?-----Yes / No

If yes, list here: _____

Have you eaten within the last 4 hours:-----Yes / No

Are you pregnant?-----Yes / No

Are you under the influence of drugs or alcohol? -----Yes / No

Are you currently taking medication? -----Yes / No

If yes, list here: _____

Do you have any medical or blood conditions? -----Yes / No

If yes, list here: _____

NOTARY INSTRUCTIONS

Notary: Must fill out all blank lines in this box, even if the guardian and minor are personally known to you. Acceptable forms of ID for both minor & guardian include State issued Driver's License or ID card, passport, and Military ID. If a photo ID is unavailable for the minor, a birth certificate may substitute.

State of Florida, sworn to (or affirmed) and subjected before me on today's date ____/____/____.

County: _____

Name of Guardian: _____ Name of Minor: _____

Type of identification for guardian: _____ ID # for guardian: _____

Type of Identification for minor: _____ ID # for Minor: _____

Notary Signature: _____ Date: ____/____/____

Phone number where Notary can be reached: (____)____-____

Notary Stamp is required in the space below:

Do not place a signature in this box without a PIERCER in your direct presence

By signing this form I agree to all of the statements on the front of this paper.

Minor Name (Print): _____

Minor Signature: _____ Date: ___/___/___

Minor ID type & number confirmed By: _____ (P.S. Employee Name)

Guardian Name (Print): _____

Guardian Signature: _____ Date: ___/___/___

Guardian ID type & number confirmed By: _____ (P.S. Employee Name)

AFTER TAPERING CLIENT SIGN-OFF

I acknowledge that the sterilization procedures used were explained to my full satisfaction, and I had the opportunity to ask any questions regarding this procedure. I am 100% satisfied with the tapering procedure done today. All equipment used during the procedure was opened in front of me and I witnessed the disposal of the needle in the medical sharps container. Both written and verbal aftercare instructions were provided to me, and I agree to follow the instructions.

Minor Signature: _____

Parent/Guardian Signature: _____

Piercer Name: _____

Office Use Only:

Gauge From / To: _____ Jewelry: _____

Aftercare Purchased: _____

Reaction/Followup: _____

Piercer: _____