

Psychedelic Shack Minor Piercing Release Form

Need to bring state issued ID for both guardian & minor to your piercing appointment even if notarized elsewhere. If ID for minor is unavailable, birth certificate may substitute.

Minor Name: _____ DOB: ____/____/_____
Gender: (Male) (Female) Race: _____
Street Address: _____ City/State/Zip: _____/____/_____
Parent/Legal Guardian Name: _____
Phone:(____)____/____ Email: _____
Physician's Name: _____ PH#: (____)____/_____
Street Address: _____ City/State/Zip: _____/____/_____
Emergency Contact (this may be parent/legal guardian): _____
Emergency Contact Street Address: _____
City/State/Zip: _____/____/_____

I, (Guardian Name) _____, am the parent or legal guardian of
(Minor name) _____. I release the Psychedelic Shack, its employees, and any subcontractors from any and all liability from this procedure. I allow

(Minor name) _____ to get his/her _____ pierced at The Psychedelic Shack. As his/her legal guardian, I will stay on the premises during the entire piercing procedure.

I (Minor name) _____, authorize The Psychedelic Shack to pierce my _____. I willingly submit to this procedure and understand the possible implications, including but not limited to: infection, allergic reaction, or rejection of the piercing. I am not under the influence of drugs, alcohol, or any other mind-altering substance.

****I acknowledge that if I am paying for this piercing with a credit or debit card, the first and last name must match the same name on my ID card.****

Signature of paying person: _____ Name of paying person: _____

Minor to initial all true statements below:

- _____ I acknowledge that I have informed my piercer of any allergies I may have.
Please list here if applicable: _____
 - _____ I acknowledge that I have informed my piercer of any medication I am currently taking.
Please list here if applicable: _____
 - _____ I have eaten in the last four hours.
 - _____ I acknowledge that I am NOT pregnant or nursing.
 - _____ I acknowledge that I am NOT under the influence of drugs or alcohol.
 - _____ I acknowledge that I have disclosed to my piercer any medical or blood conditions that might affect the piercing process or healing process of my piercing.
Please list here if applicable: _____
 - _____ I acknowledge and allow my piercer to contact the legal guardian via phone three weeks from piercing date and on the expected date said piercing should be healed to check on the status of the minor's new piercing.
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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)

Age restrictions for Minor Piercings:

We CANNOT pierce the following on any person under 18 years of age: Monroe, lip, labret, genitals, industrials, tongue, nipples.

For ages 12-14 we can pierce earlobes and outer ear cartilage.

For ages 15-17 we can pierce earlobes, outer ear cartilage, and nostril.

For ages 16-17 we can pierce earlobes, outer ear cartilage, nostril, navel, inner ear cartilage, eyebrow, and septum.

Due to insurance reasons within the state of Florida, The Psychedelic Shack chooses to not pierce any person under the age of 12.

AFTER PIERCING 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 location and placement of my piercing. All equipment used during the procedure was opened in front of me and I witnessed the disposal of the needle in the medical sharps contained. 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:

Piercing: _____ Jewelry: _____ Aftercare: _____

Reaction/Followup: _____

Piercer: _____ Signature: _____