

Your details

First name:

Last Name:

Date of Birth:

Phone Number:

Email address:

Piercing(s) details

Type of piercing(s):

Location(s) on body:

Date:

Medical Information

Please confirm that you have reviewed the minor's health history and answered the following questions truthfully. Your answers will remain confidential.

	Yes	No	Specify
Do you have any known allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Do you have any medical conditions that may affect healing?	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Are you taking any medications, including over-the-counter, prescription, or herbal supplements?	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Do you have a history of any skin conditions or disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Do you have any history of bleeding disorders or issues with blood clotting?	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

Are there any other medical conditions or health issues you believe we should be aware of?

Consent and Waiver

Please answer the following questions honestly. Your answers will remain confidential.

Initials

I understand that a piercing involves breaking the skin, and as such, there is a risk of infection, allergic reaction, and other complications.

I have been informed of and understand the aftercare instructions and the importance of following them.

I confirm that I am not under the influence of drugs or alcohol and am fully capable of making an informed decision.

I understand that the piercer will use sterilized equipment and follow professional standards to minimize risks.

I agree to release and hold harmless Chrysalis Bern, its employees, and contractors from all claims, damages, or legal actions arising from or connected to my piercing.

I acknowledge that all questions about the procedure have been answered to my satisfaction.

(For minors) I brought the "Parental Authorization" signed by one of my legal representatives.

Signatures

By signing below, you acknowledge that you have read and understood all the information provided in this consent form. You agree to the terms outlined and accept the responsibilities associated with your piercing procedure.

If you have any questions or concerns about the procedure or the content of this form, please do not hesitate to ask before signing. Your safety and satisfaction are our top priorities.

Client's Signature:

Date:

Piercer's Signature:

Date:
