

## Legal Representative details

First Name:

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Date of Birth:

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Email address:

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Last Name:

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Phone Number:

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## Minor's details

First Name:

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Date of Birth:

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Email address:

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Last Name:

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Phone Number:

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## Piercing details

Type of piercing(s):

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Location on body:

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Date:

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## Medical Information

This must be filled by the legal representative.

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
Does the minor have any known allergies? (e.g., latex, metals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the minor have any medical conditions that may affect healing?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the minor taking any medications, including over-the-counter, prescription, or herbal supplements?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the minor have a history of any skin conditions or disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the minor have any history of bleeding disorders or issues with blood clotting?	<input type="checkbox"/>	<input type="checkbox"/>	

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

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## Consent and Waiver

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

	Initials
I give my full consent for the minor to undergo the piercing procedure described above. I understand that the procedure involves breaking the skin, which carries risks such as infection, allergic reactions, and other complications.	
I have been informed of and understand the potential risks and complications associated with the piercing procedure. I have discussed these with the minor and ensured that they understand the aftercare required.	
I confirm that all health information provided for the minor is accurate and complete. I have disclosed any medical conditions or allergies that may affect the safety and success of the piercing.	

I agree to release and hold harmless Chrysalis Bern, its employees, and contractors from all claims, damages, or legal actions arising from or related to the piercing procedure. I understand that this release covers any issues arising from the procedure, provided that the studio adheres to professional standards.

I confirm that the minor is voluntarily choosing to undergo this procedure and is not under the influence of drugs or alcohol. I have ensured that the minor is fully informed about the procedure and its implications.

## 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.

Legal Representative Signature

Date:

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Minor's Signature:

Date:

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Piercer's Signature:

Date:

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