

# Permission form piercings

The undersigned, hereby declares the following:

- I deliberately and freely chose this piercing.
- I have been informed in writing about the risks of infections and other complications as a result of the piercing.
- I have been informed about the risks of using piercing material for health problems such as diabetes and haemophilia.
- I have received written instructions about the aftercare of my piercing.
- I know that it is not recommended to have a piercing if you are taking antibiotics or anticoagulants.
- In the past year I have not had any plastic surgery or radiotherapy (radiation) in the place I want to pierce.
- I know that pregnant women are not advised to have a piercing because of their increased susceptibility to infections.
- I authorize **Empire INK** to save this form.

Please answer the following questions (delete as not applicable);

I do/don't suffer from any kind of:

- |                                    |          |
|------------------------------------|----------|
| • Diabetes                         | yes / no |
| • Haemophilia (blood disease)      | yes / no |
| • Contact allergy                  | yes / no |
| • Immune Disorder                  | yes / no |
| • Chronic skin disease             | yes / no |
| • Heart and vascular abnormalities | yes / no |
| • Chronic skin disease             | yes / no |
| • Sarcoidosis                      | yes / no |
| • Skin abnormalities               | yes / no |

I know that a piercing is strongly discouraged if I have answered one or more times in the previous questions.      yes / no / N/A

**Customer details**

**\*\*\* Customer under 16 years old \*\*\***

**Date:**.....

Name:	<b>Legal representative</b>
Date of birth:	ID/passport NR:
Adress:	Name:
Residence:	Date of birth:
Email:	Adress:
Man / Woman	Residence:
Signature:	Signature:

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## Statement from the piercer

- The piercing will be performed under hygienic conditions, using sterile materials and jewellery, and using safe techniques as described in this guideline.
- I confirm that a copy of this signed consent form has been provided to the client and that the client has been advised to retain the information

## Piercer details:

Name:	
Type of jewelry and diameter/length and thickness:	

Signature piercer: .....	
Date:.....	

*This form will be treated confidentially according to the conditions set out in the General Data Protection Regulation (GDPR)*