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PERMIT FOR EAR PIERCING (with Informed Consent)

Informed Consent

Child's Name ____

Address ____

City _______________State ______Zip __________

Phone ______-________

O. B. of customer ____/____/________

If your child is under 3 months of age, your infant must have their first DPT inoculation.

I understand that my child's ears will be pierced with pre-sterilized, single-use ear piercing studs that are packaged in sealed container.

The undersigned, acknowledge that I am aware that the ear piercing may carry some risks. These risk include, but are not limited to, infection, metal sensitivity, allergic reaction, inflammation, embedding, scarring, fainting and other complications.

I have read, and understand the AFTER CARE PROCEDURES and have received a copy for my after care references.

I have agreed to this ear piercing procedure for my child, and I am fully aware of the potential risks and complications.

______________________________ _____/____/________
Parent/ Legal Guardian Signature

____
Print Name

______________________________ ___/____/________
Witness Signature

____
Print Name