

THE PAIN FACTORY

TELEPHONE NO: 087/6966257

BODY PIERCING & TATTOO STUDIO

CONSENT FORM

1. I (Print Name)allow The Pain Factory to pierce my
I have requested this piercing of my own free will. I am aware that it will be carried out under sterile conditions and that all jewellery and instruments used on me have been autoclaved. I understand that infection can occur due to improper hygiene or metal sensitivity and in rare instances piercings may grow out.
2. I AGREE TO FOLLOW THE PROCEDURES AS INSTRUCTED ON THE ACCOMPANYING AFTERCARE LEAFLET.
3. PERSONS UNDER 18 YEARS OF AGE MUST ENSURE PARENTAL CONSENT (I.D. MAY BE REQUESTED).
4. I AM FREE FROM HEART DISEASE, CELLULITIS, ECZEMA, IMPETIGO, GENITAL WARTS, HAEMOPHILIA, FAINTING, EPILEPSY, DIABETES AND HEPATITIS.
5. I MUST ALERT PIERCER OF ANY PLASTIC SURGERY OR ALLERGIC RESPONSES TO ANAESTHETICS, ADHESIVE PLASTERS ETC.
6. I AM AWARE THAT AFTER PIERCING PERSONAL HYGIENE IS OF THE UTMOST IMPORTANCE.
7. I AM NOT AT THIS TIME UNDER THE INFLUENCE OF ALCOHOL AND/OR ILLEGAL SUBSTANCES.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS CONSENT FORM
PLEASE PRINT IN BLOCK CAPITALS

DATE.....

PRINT FULL NAME.....

ADDRESS.....

PHONE NO.....AGE.....DATE OF BIRTH.....

SIGNATURE.....

SIGNATURE OF PARENT (if under 18 years of age.).....

THE PAIN FACTORY BODY PIERCING AND TATTOO STUDIO
Opening Hours: 11am. - 6pm. Monday to Saturday

Website www.painfactory.ie

E-mail info@painfactory.ie