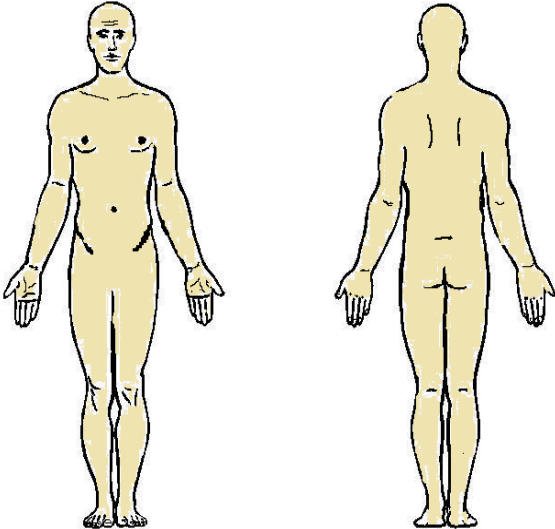


BODY ART CONSENT RELEASE FORM

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

THIS SECTION TO BE COMPLETED BY CLIENT			
Name:		Date:	
Date of Birth:	Age:	Type of Identification:	
Address:			City:
State:	Zip:	Phone Number:	
The Safe Body Art Act requires that prior to the performance of body art, the client will receive, complete and sign an informed consent form that includes, but not limited to, all of the following information:			
Location of Body Art:		Body Art Design (enter copy of design):	
			
Initials	Statement		
	I acknowledge that there may be a certain amount of pain, minor bleeding, bruising, redness or other discoloration and swelling at the procedure site area during and after the procedure.		
	I acknowledge that infection is always possible as a result of obtaining the procedure, particularly in the event that I do not take proper care of my procedure.		
	I acknowledge receipt of written instructions advising proper care of my procedure and recognize the absolute necessity of following those written instructions.		
	I acknowledge that _____ is a permanent change to my appearance and removal may not result in the restoration of the skin to its exact original condition.		
	I acknowledge that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and the health consequences of using these products are unknown.		

POST-PROCEDURE (AFTER CARE) INSTRUCTIONS
INFORMATION ON THE CARE OF THE PROCEDURE SITE:
RESTRICTIONS ON PHYSICAL ACTIVITIES DURING BODY ART HEALING:
<ul style="list-style-type: none">• Bathing• Recreational water activities• Gardening• Contact with animals
SIGNS OF NORMAL HEALING PROCESS
<ul style="list-style-type: none">• Some redness• Itching• Peeling• Scabbing• Light swelling
SIGNS AND SYMPTOMS OF INFECTION INDICATING THE NEED TO SEEK MEDICAL CARE
<ul style="list-style-type: none">• Redness• Swelling• Tenderness of the procedure site• Red streaks going from the procedure site towards the heart• Elevated body temperature• Purulent drainage from the procedure site.
I have read this Body Art Consent Release Form and agree to its terms:
Print Name:
Signature:
Date:

Do Not Write Below This Line (For Body Art Practitioner Use Only)

Client's Name:

Date:

Body Art Practitioner's Name:

Disposable, Single-Use, Pre-Sterilized Equipment

Needle

Item#	Lot#	Exp. Date

Tube

Item#	Lot#	Exp. Date