

# WICHITA PIERCING COMPANY

Name \_\_\_\_\_ Name you go by \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_

I grant Wichita Piercing Co. to photograph me and the piercing for portfolio and/or advertising purposes. **YES/NO**

If you would like us to tag you on Instagram please give us your handle@ \_\_\_\_\_

Area(s) to be pierced \_\_\_\_\_

### Medical Assessment (circle YES or NO)

Do you have Diabetes? **YES/NO** \_\_\_\_\_

Do you have Hepatitis? **YES/NO** \_\_\_\_\_

Do you have HIV/AIDS? **YES/NO** \_\_\_\_\_

Are you pregnant or nursing? **YES/NO** \_\_\_\_\_

Do you have Epilepsy? **YES/NO** \_\_\_\_\_

Do you have any heart conditions? **YES/NO** \_\_\_\_\_

Do you have Hemophilia? **YES/NO** \_\_\_\_\_

Do you have cold sores and/or fever blisters? **YES/NO** \_\_\_\_\_

Have you ever experienced Keloid Scarring? **YES/NO** \_\_\_\_\_

Do you have Psoriasis or Eczema? **YES/NO** \_\_\_\_\_

Do you have moles or freckles at the site of the service? **YES/NO** \_\_\_\_\_

Do you have burns or rashes at the site of the service? **YES/NO** \_\_\_\_\_

Are you inebriated or incapacitated from the use of drugs or alcohol? **YES/NO** \_\_\_\_\_

Do you have allergies? **YES/NO** \_\_\_\_\_

If yes, list allergies \_\_\_\_\_

Are you taking medication that thins the blood? **YES/NO** \_\_\_\_\_

Any other medical conditions we need to be aware of? \_\_\_\_\_

I, \_\_\_\_\_, have read this form and confirm that all the information I have given is correct. I agree to not sue Wichita Piercing Co. or any of its employees in connection with any procedure performed on me, whether or not caused by any negligence of Wichita Piercing Co. or any of its employees. I understand that in some cases it is possible to become nauseated and/or lose consciousness before, during or after the procedure. I have read and understood all questions and statements and have answered to the best of my knowledge. I understand that this is a consent form and I agree to be legally bound by it. Your information will NOT be shared with anyone without your permission or a legal warrant.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

# Minor Consent Form

Wichita Piercing Co.

## WRITTEN NOTARIZED CONSENT FOR BODY PIERCING OF A MINOR/CHILD

This form is provided as a service to assist WPC in complying with the record keeping requirements set forth by the Kansas Board of Cosmetology.

### REQUIRED Documentation For Minor To Get Pierced:

Notarized consent form with parent or legal guardian present  ID of parent

Birth certificate of minor  Picture identification of minor

If legal guardian, proper legal documentation from state

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(Print the name of parent or legal guardian)

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(Address of parent or legal guardian)

Relationship to minor \_\_\_\_\_

**HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY**, that the following facts as stated in this document are true:

- 1) I am the natural parent or legal guardian of \_\_\_\_\_
- 2) The minor child's date of birth is \_\_\_\_\_
- 3) The child's age is \_\_\_\_\_
- 4) I consent to the body piercing of my child as follows (location of piercing) \_\_\_\_\_

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(signature of parent or legal guardian)

----- *Notary Use Only* -----

**SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or, who produced satisfactory identification in the form of \_\_\_\_\_

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(signature of notary)

**SEAL:**

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(print name of notary)