Consent of Legal Guardian to Piercing Procedure

Full name of minor _____

Date of birth _____

Piercing placement _____

I, the undersigned legal guardian, expressly consent to the above procedure being performed on the minor named above at Tetovačky Praha.

I confirm that I have been informed about the piercing procedure, the healing process, aftercare instructions and possible risks, particularly infection, allergic reaction, bleeding, swelling, scarring, migration or rejection of the jewellery.

I declare that I am not aware of any health condition of the minor that could adversely affect the piercing procedure or healing, particularly a blood-clotting disorder, diabetes, epilepsy, an immune disorder, allergies or a serious skin condition. If any such condition exists, I undertake to inform the piercer before the procedure.

I undertake to ensure that the provided aftercare instructions are followed.

Full name of legal guardian _____

Relationship to minor (mother / father / other legal guardian) _____

Legal guardian's telephone number _____

Place and date **Signature of legal guardian** _____

Minor's consent: I confirm that I wish to receive the piercing described above, that the procedure, possible risks and aftercare have been explained to me in a manner appropriate to my age, and that I have had the opportunity to ask questions.

Signature of minor _____

Telephone verification of legal guardian's consent: