Ear Piercing Consent

STERILIZATION LOT NO. _____

The undersigned, as material consideration and inducement for agreeing to pierce the undersigned's ears, herby releases and forever discharges.

_____
(Technician's Name)

STUDEX, the original manufacturer, its distributors, Big Sky Dermatology, their employees and affiliated companies of and from all manners of actions, causes and demands in law or in equity which I or my heirs, executors or administrators have or might now or hereafter by reason of their complying with my request to pierce my ears.

I acknowledge that I am not suffering from diabetes, allergies, or discoloration, swelling, lumps or signs of irritation of the ear lobes or cartilage. These studs are not designed for nose piercing.

Furthermore, I realize the importance of proper care in permitting my ears to heal without infection and promise to follow faithfully the instructions outline in the attached post op care sheet.

I acknowledge I must be 18 years old or over to have my ears pierced without parents' consent. Your signature on the bottom indicates that you are either over the age of 18 or you have a parent/guardian present that will give signed consent on this form.

I have read and understand all of the above instructions. I agree to follow each step of ear care exactly and I acknowledge the importance of these instructions in maintaining healthy ears.

My failure to follow the instructions may lead to irritation or infection of my ears.

Printed Parent/Guardian Name: _____

Printed Patient Name: _____

Signature Parent/Guardian: _____
Date: _____

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