

Consent form

Tattoo and permanent makeup

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

- ☐ I am of the legal age to receive this procedure in my country.
- ☐ I have told the artist about health conditions, medication and allergies.
- ☐ I understand that the result is long lasting and that removal can be difficult.
- ☐ I understand the healing process and will follow the aftercare advice.

I agree that photos of the result may be taken for my record: ☐ Yes ☐ No

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date