

Informed Consent for Minors - Piercing

I, the undersigned
born in on
resident at in street phone
Identified through the document (type of document)
number issued by
on date

As a parent or guardian of the minor
born in on
resident at in via

- Piercing for minors under 18 years of age
 Piercing for minors under 14 years of age (Piercing is prohibited, except for ear lobe piercings only)

The undersigned declares to have been informed that:

- a) To remove the effects of piercing, surgical interventions are necessary, which do not always guarantee the restoration of previous conditions;
- b) There are risks associated with this practice, such as the possible transmission of certain infectious diseases, including the human immunodeficiency virus (HIV - AIDS) and viral hepatitis B and C;
- c) As a consequence of the described treatments, inflammations, infections, allergies, temporary swelling, or possible temporary or permanent scars may occur;
- d) Piercings cannot be performed on skin with ongoing inflammatory processes;
- e) It is not recommended to get piercings during pregnancy or breastfeeding;
- f) Piercing on minors under the age of 14 is prohibited, except for ear lobe piercings only.

The undersigned declares:

- To commit to following the guidelines related to the healing period and to be aware that not adhering to them may compromise the success and healing of the piercing itself;
- To have been informed of the duration of the healing period and the care required for the wound to significantly reduce the risk of infection and facilitate the healing of the piercing;
- To be aware of the possibility of rejection and that until full healing, an open wound will remain;
- The minor does not suffer from any conditions or allergies that would prevent undergoing the piercing procedure;
- To have personally verified the cleanliness of the premises, the sterilisation of the equipment, and the use of disposable needles;
- To be aware that no guarantee or insurance is provided regarding the results of the procedure and to assume all risks associated with it.

I declare that I have no mental or pathological impediments that prevent me from consenting to the execution of the piercing on the minor, or that contraindicate my ability to have a piercing done on the minor, who has consciously and freely chosen the location and the jewellery.

Piercing Position
Needles Jewellery
.....
Piercer Technique

The undersigned also declares to have been informed of the specific precautions to be taken after having the piercing done and to have received the related written information.

By signing this form, I consent to the piercing procedure.

Place and Date

Signature

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I agree to have the performed piercing photographed or filmed and I give my consent for any type of publication (paper, photo, web, etc.) by **La Primula Rossa di Frigerio G. & C s.n.c.**, or the professional who performed the work.

Signature

YES NO

Facebook

Instagram

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I agree to receive offers and promotional messages via electronic means and to subscribe to the **La Primula Rossa di Frigerio G. & C s.n.c.** newsletter.

Signature

YES NO

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