

The Scarlett Rose Tattoo Studio LTD [**Consent form**]

Thanks for putting your trust in us!

You must be minimum 18 years old by law.

- If You look under 25years old we will need to see some photo ID for proof of age (Like a passport or a driving licence)

The main risks involved:

"Tattoos breach the skin, which means that skin infections and other complications are possible, including:"

- **Allergic reactions.** Tattoo dyes — especially red, green, yellow and blue dyes — can cause allergic skin reactions, such as an itchy rash on the tattoo area. This can occur even years after you get the tattoo.
- **Skin infections.** A skin infection is possible after tattooing.
- **Other skin problems.** Sometimes an area of inflammation called a granuloma can form around tattoo ink. Tattooing also can lead to keloids — raised areas caused by an overgrowth of scar tissue.
- **Bloodborne diseases.** If the equipment used to create your tattoo is contaminated with infected blood, you can contract various bloodborne diseases — including (HIV), (MRSA), (Hepatitis B) and (Hepatitis C).

Find out more:

"We work hard to protect you! Go find our full terms and conditions on our website"

www.thescarlettrosetattoo.com

Before you get a tattoo completed by us, you must!...

Before proceeding you must agree to our full terms and conditions found on our website, failing to do so **could** mean putting you and the practitioner at a heightened risk. Also your session might **be cancelled** and/or you could **lose your deposit**.

[Ask a member of staff if you want more info]

Your agreement to our terms and conditions:

I am 18 years old or above and I have understood all the terms and conditions in full and accept the risks involved I accept my own responsibility

Print name.....

Signature.....**Date**...../...../.....



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Medical information [Personal info]

Please fill out all of this information to the best of your knowledge, in doing so you are helping us protect you from the known risks associated with getting tattooed.

Personal information:	Write answers below:
Name	
Today's date	DD/MM/YYYY
Address House name/number City Post code	
Date of birth	DD/MM/YYYY
Phone number	
E-mail	
Appointment information:	
Artists name	
Area of tattoo	
How much deposit did you pay?	= £.....
Circle how you paid deposit?	(transfer) - (PayPal) - (Cash)
Total quoted price?	= £.....
Emergency contact information:	
Surgery name	
Address [If known]	
Next of kin details:	[Who can we contact in case of emergency?]



The Scarlett Rose Tattoo Studio LTD [Consent form]

Name	
Relationship	
Contact number	

Medical related questions [We may need to know more]

The practitioner may have to ask you further personal questions related to the information provided below, including personal medical ones related to your personal health.

“Sometimes we may need to see a note from your doctor before we can complete the tattoo”.

Questionnaire:

Answer all questions below honestly with a **yes** or **no** answer. *(Tick the box appropriately)*

“If you do not answer truthfully and you are found/deemed to be at a heightened risk from failing to act inside our terms and conditions. You could get the booked appointment cancelled without notice and you could lose your total deposit at the practitioners/shops discretion.

Personal health related questions	YES	NO
Are you at least 18 years old?		
You agree that you are solely responsible for your own actions?		
Do you fully understand ALL the risks involved with getting tattooed?		
Do you personally fully consent to the procedure being done?		
Personal health related questions (continued)	YES	NO
Are you currently under the influence of any drugs including alcohol?		
Are you on any medication, especially blood thinners including Aspirin?		
Are you Diabetic?		
Do you have any known blood borne diseases like (HIV) or (Hepatitis B & C)?		
Do you or have you suffered from any known heart issues?		
Have you undergone tests for any undiagnosed heart conditions or any issues with your heart in the past 5 years?		



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Do you have bleeding disorders like clotting issues?		
Do you or have had high or low blood pressure in the last year?		
Have you had major/minor surgery in the past year?		
Do you or have you suffered from epilepsy?		
Do you or have you suffered from Eczema or Psoriasis?		
Do you or have you suffered from any allergic reactions to: Dyes. Pigments. Soap. Detergents.?		
Are you prone to fainting?		
Are you prone to panic attacks?		
Have you been ill with flu-like symptoms in the past month?		
Have you been sunburnt in the last 6 week?		
Would you agree that to the best of your knowledge, you are in good health?		
Is there any other reason to your knowledge, why you might not be able to get a tattoo?		
Are you pregnant?		
Are you Breastfeeding?		

Final declaration

I have answered all questions truthfully to the best of my knowledge, and given the most up to date information possible. I fully accept that I am solely responsible for my own actions and I consent to the tattoo procedure being done at my own will, regardless of the known risks involved to my health.

Print name.....**Signature**.....

Date...../...../.....

