



Parental Consent for Piercing (Under 18)

Draft. Not yet approved by the studio's qualified practitioner. Do not issue to clients.

This form is only for piercing. We never tattoo anyone under 18, and a parent or guardian cannot give consent for a tattoo. Both the young person and their parent or guardian must read and complete this form. See our Age and ID Policy for the rules.

The young person

Full name: _____

Date of birth: ____ / ____ / ____

Piercing requested and placement: _____

Booking reference: _____

The parent or guardian

Full name: _____

Relationship to the young person: _____

Address: _____

Telephone: _____

Email: _____

Declarations

1. I confirm that I am the parent or legal guardian of the young person named above, and that I have parental responsibility for them. (Initials: _____)
2. I have shown my own valid photographic ID, and evidence of my parental responsibility. (Initials: _____)
3. The young person has shown photographic ID or a proof-of-age card. (Initials: _____)
4. I consent to the young person having the piercing named above. The young person has told me that they want it. (Initials: _____)
5. I will be present throughout the appointment if the young person is under 16, or if the piercer asks me to stay. (Initials: _____)
6. The piercing is not an intimate piercing. I understand that the studio will not carry out intimate piercings on anyone under 18. (Initials: _____)
7. The piercer has explained the risks to both of us, including infection, swelling, bleeding, scarring, an allergic reaction to jewellery, the jewellery moving or being pushed out, and the piercing closing if jewellery is removed. (Initials: _____)



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8. I understand that healing takes weeks to months. I have received the written aftercare instructions, and I will help the young person follow them and seek help from the studio, a GP or NHS 111 if needed. (Initials: _____)

9. I understand that the piercer can decline or stop at any time, and that either of us can stop the appointment at any time. (Initials: _____)

10. I have been told how the studio uses personal information about us, and where to find the Privacy Notice. (Initials: _____)

Health history

Please complete this together. Circle Yes or No. If you answer Yes to any question, tell the piercer. It does not always mean that we will say no.

- Does the young person have a bleeding or clotting disorder, or take blood-thinning medicine? Yes / No
- Does the young person have diabetes? Yes / No
- Does the young person have a heart condition or heart valve problem? Yes / No
- Does the young person have epilepsy, or faint easily? Yes / No
- Does the young person have a weakened immune system, or take medicine that lowers it? Yes / No
- Does the young person have a history of keloid or very raised scars? Yes / No
- Does the young person have a skin condition, such as eczema, psoriasis or dermatitis, or a rash, infection or broken skin at the piercing site? Yes / No
- Is the young person allergic to metals (especially nickel), latex, adhesives or antiseptics, or have they reacted to a piercing before? Yes / No
- For an oral piercing: does the young person have gum disease, braces or current dental problems? Yes / No
- Is the young person taking, or have they recently stopped taking, isotretinoin (acne medicine)? Yes / No
- Is the young person unwell today, with a fever, cold or flu? Yes / No
- Has the young person eaten today? Yes / No
- Is there anything else we should know? Yes / No

If you answered Yes to anything, please give details: _____

Signatures

Young person signature: _____

Parent or guardian signature: _____

Date: _____ / _____ / _____

Practitioner section



CONSENT FORM

Version 1

Issued 22/10/2026

Parental Consent for Piercing (Under 18)

Practitioner name: _____

Licence or registration number: _____

Registering council: _____

Young person's ID checked (type and expiry): _____

Parent or guardian ID and evidence of parental responsibility checked (type):

Piercing and site: _____

Needle lot number: _____

Jewellery: material, size and lot number: _____

Aftercare given (written and verbal): Yes / No

Practitioner signature: _____

Date: ____ / ____ / ____

Practitioner to confirm: the local council's byelaws on the minimum age for each type of piercing and whether the parent or guardian must stay throughout for 16 and 17 year olds (this draft requires it for under 16s, and when the piercer asks), the list of acceptable evidence of parental responsibility, and the studio's decision on which piercings count as intimate. Note that the website enquiry form and the minimum piercing age setting currently accept adults only. Check insurer conditions for piercing young people, and how paper health answers are stored.

Questions? Email thedesk@rebelliousink.tattoo. For anything medical, contact NHS 111 or your GP. In an emergency, call 999.