

AMERICAN TATTOO

MEDICAL HISTORY CONSENT AND RELEASE FORM

Please check any conditions listed below that apply to you.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/ AIDS	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Faint or Dizzy
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Eczema/Psoriasis	<input type="checkbox"/> Infections
<input type="checkbox"/> T.B.	<input type="checkbox"/> Scarring/Keloiding	<input type="checkbox"/> Herpes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Nursing	<input type="checkbox"/> Blood Thinners

How long has it been since you last ate? _____

Do you have any allergies? _____

List any medications you are currently taking. _____

Are there any other known MEDICAL CONDITIONS or CONTAGIOUS DISEASES that may affect your TATTOO procedure?

- I hereby certify that to the best of my knowledge this information is correct.
- All Questions have been answered to my satisfaction.
- I agree the said TATTOO is correctly drawn to my specifications.
- I understand that the said TATTOO is PERMANENT.
- This is to certify that I am at LEAST 18 YEARS OF AGE.
- I am not under the influence of ALCOHOL OR DRUGS.
- I understand there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I agree to allow for ARTIST INTERPRETATION.
- I agree to follow all instructions concerning the care of my TATTOO.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a TATTOO.
- I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure. Failure to do so releases AMERICAN TATTOO and ARTISTS of all responsibility.
- I hereby release AMERICAN TATTOO and ARTISTS of all responsibility for the said TATTOO.
- No Refunds.

Minor Signature _____ Date _____
Address _____ City _____ State _____ Zip _____
Driver's License # _____ DOB _____ Age _____
Design _____ Placement _____ Artist _____

If under 18, child and parent(s) signatures need to be done in presence of a notary. All blanks must be filled in. Parent(s) must be present and proper identification must be presented prior to service.
I give my permission for my child to receive the said TATTOO.

Parental Signature _____ Date _____
Address _____ City _____ State _____ Zip _____
DL# _____

Notary Statement

Sworn and Scribed before me on this _____ Day of _____ 200__

Notary _____ Seal: