

This document is intended as an example consent form for the State of Montana. It includes all of the items necessary for approval from your local and State of Montana departments of Public Health. It in no way releases the artist from liability for the procedures they perform. You are welcome to move items around or reformat this document, however if you remove anything your consent form may not be approved. The only exception is the statement contained in the red box, and if you choose to remove it, you must demonstrate how you will meet the requirements specified in ARM 37.112.158(3).

Consent to Tattoo/Pierce

(Insert establishment name here)

(Insert establishment address here)

(Insert establishment phone number here)

Please initial each provision on the line provided

_____ The artist (insert artist name here) will perform the following procedure _____

_____ The procedure listed above will be located _____ on my body

_____ The procedure will be conducted on the following date (mm/dd/yy) ____/____/____

_____ I have provided a written physicians referral because I meet one or more of the following criteria

- a. I am taking a drug or dietary supplement that induces bleeding tendencies or reduces clotting
- b. I have a medical condition that is known to cause bleeding tendencies or reduce clotting
- c. I show signs of intravenous drug use
- d. I have a sunburn, a skin disease such as psoriasis or eczema, a skin infection, or lesion such as a mole at the proposed site of procedure
- e. I have allergies or contact sensitivity to pigments, soaps, or other substances that may be used in the procedure

_____ I understand that my tattoo/piercing may result in complications and side effects that include: abscesses, allergies, excessive bleeding (from body piercing), heavy metal poisoning, infection, keloid formation, muscle paralysis, nerve paralysis, scarring, swelling, blood-borne pathogens, tongue swelling, throat closure, and tooth fracture (from oral piercing)

_____ I understand that symptoms of infection may include fever, swelling, redness, or drainage

_____ If infection or other complications do occur I will consult with a licensed medical provider

_____ I understand that tattoos and specific piercings are permanent in nature

_____ I have been provided aftercare instructions by (insert artist's name) both in writing and verbally

I consent to receiving the procedure listed above (if you are under 18 your parent or legal guardian must sign in the space provided in person before the procedure and must be present for the entire procedure)

Client Signature _____

Parent/Guardian Signature _____

Client Name (printed) _____

Parent Guardian Name (print) _____

Client Address _____