



Parental Consent Form for Microblading

Name _____ Date _____
 DOB _____ License _____ Home Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____
 Approved Procedure Date: _____

This form must be signed in person by the parent or guardian at the time of service and witnessed by the microblading/tattoo artist.

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the microblading procedure and that all of my questions have been answered to my full satisfaction. I also acknowledge I have been advised of the facts and matters set forth in the microblading agreement.

I authorize the microblading/tattoo artist Shana R. Bowman to microblade/tattoo my son/daughter's eyebrows. I agree to release and forever discharge and hold harmless the microblading/tattoo artist from any and all claims, damages or legal actions arising from or connected in any way with my microblading/tattoo artist, or the procedure and conduct used in his/her tattoo.

I, _____ (Name of Parent/Guardian) who, under oath or affirmation, makes the following statements under penalties of perjury: I certify that I am the parent/legal guardian of _____, (Name of Minor) a minor, whose date of birth is _____, _____, _____, (Month) (Day) (Year) and I consent to the microblading/tattooing of _____ (Name of Minor) who is willingly submitting to these procedures.

Signature (Parent/Legal Guardian) _____ Date: _____
 Print Name: _____
 Signature (Tattooee) _____ Date: _____
 Print Name: _____

For Office Use Only
_____ (Parent/Legal Guardian Photo ID)
_____ (Printed Name of Salon)
_____ (Signature of Tattoo Artist)
_____ (Printed Name of Tattoo Artist)
_____ (Date)