Alabama Tattoo Consent and Release Form

Prepared with Signathing. Roles: Client, Artist.

1. Studio and artist

Studio (business name): _____

Studio address and phone: _____

Studio license, permit or certificate number (optional): _____

Artist (full legal name): _____

Artist license or registration number (optional): _____

Where the rules want it on the form, the Artist writes the health department or licensing agency a client can contact with a question or a complaint.

Agency and its phone (optional): _____

2. Client

Client (full legal name, as on the ID): _____

Date of birth: _____

Home address: _____

Phone: _____

Email (optional): _____

Emergency contact (name and phone): _____

Photo ID the Artist checked (type of ID and its number): _____

This form is for a client who is 18 or older. Many states do not allow a person under 18 to be tattooed at all, and the states that do each set their own conditions, such as a parent present in person, a notarized consent, or the state's own form. Do not use this form by itself for a minor.

3. The tattoo

Date of the procedure: _____

Description of the design: _____

Location on the body: _____

Inks: maker, color, lot number (optional): _____

The Artist has described the procedure to the Client. The Client has seen and approved the design, its size, its placement on the body and, where it includes words, names, dates or numbers, the exact spelling. Skin is not paper: lines and colors can look different on skin than in a drawing, differ from person to person, and change as the tattoo heals and ages. A touch-up may be needed.

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4. Health questions

To help the tattoo heal properly, the Client is asked to disclose whether the Client has, or has had, any of the conditions below. Disclosure does not by itself prevent a tattoo. Consult a physician before the procedure if you have any concern about any of the questions below. The Studio keeps these answers confidential. Check each one that applies.

- [ ] Diabetes
- [ ] Hemophilia or another bleeding disorder, or bleeding that is hard to stop
- [ ] A skin disease, skin lesions, or skin that reacts to soaps or disinfectants
- [ ] A herpes infection, rash, sunburn or broken skin at the place to be tattooed
- [ ] Allergies or reactions to pigments, dyes, metals, latex, antibiotics or other substances
- [ ] Epilepsy, seizures, fainting or narcolepsy
- [ ] A medication that thins the blood or affects clotting, or aspirin or a similar pain reliever in the last 24 hours
- [ ] Heart valve disease or another heart condition, or high blood pressure
- [ ] A condition or medication that weakens the immune system
- [ ] Hepatitis, HIV or another infection carried in the blood
- [ ] Kidney or liver disease, or jaundice in the last 12 months
- [ ] Pregnant, possibly pregnant, or nursing
- [ ] Keloids or heavy scarring, or a problem after an earlier tattoo or piercing
- [ ] None of the above applies to me

List the medications the Client takes now or took recently, including antibiotics prescribed before dental work or surgery.

Medications (or none): _____

Anything else to tell the Artist (optional): _____

The Client's answers are true and complete as far as the Client knows. The Artist will not do the tattoo if the Client does not complete and sign this form. Where an answer raises a concern about healing or safety, the Artist may ask the Client to see a physician first or may put off the procedure.

5. What the Client has been told

Before the procedure, out loud and in writing, the Artist explained the risks of getting a tattoo. They include: infection, including infections carried in the blood; an allergic reaction to pigments, latex or other materials, which can show up right away or years later; swelling, bruising, bleeding, discomfort and pain; scarring, including raised scars and keloids; abscesses; small lumps around the pigment (granulomas); nerve or muscle injury; heavy metal poisoning from some pigments; trouble with a later magnetic resonance imaging (MRI) scan; and a result that differs from what the Client expected.

These risks are higher for a person who has diabetes, a bleeding disorder, a heart condition, kidney or liver disease, a weakened immune system or a skin condition, or who takes a medication that thins the blood. A person with any of these should talk to a physician before being tattooed.

A tattoo should be considered permanent. It can only be removed or repaired with a surgical procedure, removal may not be complete, and any effective removal may leave permanent scarring and disfigurement.

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Tattoo inks, dyes and pigments have not been approved by the federal Food and Drug Administration, and the health consequences of using these products are unknown. As far as the Studio knows, the inks used are not regulated or approved by a state agency either.

A tattoo can affect when a person may give blood. Blood banks set their own waiting period in some cases, so ask the blood bank before donating.

6. Care after the tattoo

The Artist has gone over care of the tattoo with the Client out loud and has given the Client written instructions. Unless the Artist's own written instructions say otherwise: leave the bandage on for as long as the Artist says and take it off with clean hands; wash the tattoo gently with clean hands, mild soap and water, and pat it dry with a clean towel; apply a thin layer of the ointment or lotion the Artist recommends; wear clean, loose clothing over it; and do not pick, scratch or peel it.

For at least two weeks, and until the Artist says the tattoo has healed: keep it out of direct sun; do not soak it or swim, which means no baths, pools, hot tubs, lakes or ocean (a shower is fine); and keep it away from dirt, gardening and contact with animals.

Signs of infection include redness, swelling or tenderness that gets worse instead of better, red streaks going from the tattoo toward the heart, a raised body temperature or fever, and pus or other drainage. If any of these appear, or a rash or other reaction develops, see a physician or other licensed health care provider right away, and tell the Studio.

Artist's own instructions (optional): _____

7. The Client's statements

- ☐ I am 18 or older, and the identification I showed the Artist is my own
- ☐ I am not under the influence of alcohol or drugs
- ☐ I am not pregnant and have not taken a blood thinner in the last 24 hours (leave this unchecked and tell the Artist if either is not true)
- ☐ The risks in section 5 were explained to me out loud and in writing, and my questions were answered
- ☐ I received written care instructions and they were explained to me
- ☐ I approve the design, size, placement and spelling described in section 3
- ☐ I am choosing to get this tattoo voluntarily, of my own free will

8. Release

The Client chooses to be tattooed knowing the risks described in this form and accepts them. To the extent the law allows, the Client releases the Studio and the Artist from claims for injury, loss or disappointment that come from those risks, from information the Client left out or got wrong in section 4, or from the Client not following the care instructions. This release does not cover gross negligence, intentional wrongdoing, or a failure to follow the health and sanitation rules that apply to the Studio, and it is not meant to release anything the law does not allow to be released.

9. Photos and studio policies

Photos of the tattoo: _____

Choices: Yes, the Studio may photograph the tattoo for its portfolio and social media / No photos

If the Client chooses yes, the Studio may photograph the tattoo and use the photos to show its work, without the Client's name unless the Client agrees separately. The Client may withdraw this permission for future photos at any time by telling the Studio in writing.

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Studio policy (optional): _____

The Studio may write its deposit, cancellation, touch-up and refund policy above. The Client has read it, if there is one, and agrees to it.

10. Records and local rules

The Studio keeps this form with its client records for as long as the rules that apply to it require and shows it to a health inspector on request. Depending on the state that is anywhere from one year to permanently; two or three years is common. The Client is offered a copy.

Some states, counties and cities require more than this form: a photocopy of the Client's ID, their own form or exact wording, approval of the Studio's form by the health department, or a paper record book. Check the rule where the Studio is before relying on this form by itself.

- [ ] Artist: I checked the Client's photo ID, reviewed the Client's answers, explained the risks and the care instructions out loud and in writing, and saw no sign that the Client was under the influence of alcohol or drugs

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Alabama: medical history

Alabama's rules have the client answer at least the questions on the state's model medical history form. They are printed here as the state prints them, with three spelling errors in the state's text corrected.

Please Answer The Following Questions:
Do you presently have, or have you ever had:

1. Hepatitis B? Yes ☐ No ☐
2. Hepatitis C? Yes ☐ No ☐
3. HIV/AIDS? Yes ☐ No ☐
4. Diabetes? Yes ☐ No ☐
5. History of Hemophilia or any other blood disorder/disease? Yes ☐ No ☐
6. Skin diseases or skin lesions? Yes ☐ No ☐
7. Sensitivities to soaps, disinfectants, etc.? Yes ☐ No ☐
8. History of allergies or adverse reactions to pigments, dyes, latex, etc.? Yes ☐ No ☐
9. Tuberculosis? Yes ☐ No ☐
10. Immune disorders? Yes ☐ No ☐
11. History of epilepsy, seizures, fainting or narcolepsy? Yes ☐ No ☐
12. Scarring (keloids)? Yes ☐ No ☐
13. History of heart murmur or any heart disease/condition? Yes ☐ No ☐
14. History of taking medications such as anticoagulants that thin the blood and/or interfere with blood clotting? Yes ☐ No ☐
15. Are you now under the influence of alcohol or drugs? Yes ☐ No ☐
16. Are there any other medical conditions which may affect your body art healing process? Yes ☐ No ☐
17. FEMALES: Are you pregnant or breast feeding/nursing? Yes ☐ No ☐

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE CONDITIONS, IT IS RECOMMENDED THAT YOU CONSULT WITH YOUR PERSONAL PHYSICIAN OR DENTIST BEFORE ANY PIERCING OR TATTOOING PROCEDURES ARE PERFORMED.

Signatures

Client

Signature	Date	Printed name

Artist

Signature	Date	Printed name

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