

CONSENT FORM

Tattoo

Please read the entire form carefully before signing.

1. PERSONAL INFORMATION

Full name:

Date of birth:

Address:

Postcode / city:

Phone:

Email:

Identification: The client has presented valid ID (passport, photo bank card, driver's licence, national ID card).

Type of ID:

ID number (optional):

The artist confirms that the presented ID matches the stated name and age.

2. AGE CONFIRMATION & SOBRIETY

- I confirm that I am 18 years of age or older, or that I have written parental/guardian consent (attached).
- I confirm that I am sober and not under the influence of alcohol, narcotics or any other substances today.
- I confirm that I have not taken strong painkillers or blood-thinning medication within the last 24 hours without informing the artist.

3. HEALTH & ALLERGIES

Please answer all questions below. If you are unsure, consult a doctor before proceeding with the tattoo.

Question	Yes	No	Notes
Do you have diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Do you have heart or cardiovascular disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:

Question	Yes	No	Notes
Do you have epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Do you have haemophilia or any other bleeding disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Are you pregnant or breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Har du HIV, hepatitt eller annen blodbåren sykdom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Do you have any skin conditions (eczema, psoriasis, keloid scarring, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Do you have known allergies to latex, metals (nickel) or pigments/dyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Have you previously had a negative reaction to tattoo ink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Do you have any wounds, infections or inflammation at the tattoo site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Are you taking blood-thinning medication (e.g. warfarin, aspirin)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Are you taking immunosuppressants or corticosteroids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Are you currently undergoing cancer treatment (chemo-/radiotherapy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Have you had an organ transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:
Are there any other health conditions the artist should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:

Please elaborate on any relevant answers here:

4. INFORMED CONSENT

I confirm that I have been informed about and understand the following:

- Tattoo er permanent og vanskelig og/eller kostbart å fjerne.
- The process carries a risk of pain, swelling, redness and temporarily tender skin.
- In rare cases, infection, allergic reaction or scarring may occur.
- Colours may fade over time and appear differently on different skin types.

- I have received and understood the aftercare instructions provided by the artist, and will follow them.
- The studio is not responsible for complications arising from inaccurate or incomplete information provided by me.
- I may stop the session at any time if I wish to do so.

5. TATTOO DETAILS

Artist's name:

Design / motif:

Placement on body:

Estimated size:

Session date:

6. PHOTOGRAPHY (OPTIONAL)

The studio may wish to photograph the tattoo for use in marketing (social media, website, portfolio).

- I consent to photos of the tattoo being used for marketing purposes. (Face will not be published without separate consent.)
- I do NOT consent to photos of the tattoo being used for marketing.

7. DECLARATION & SIGNATURE

I declare in good faith that all information provided in this form is accurate and complete. I understand that deliberately providing false information may lead to health complications and releases the studio and artist from liability should such complications arise as a result. I confirm that I am proceeding with the tattoo of my own free will.

Client's signature:

Artist's signature:

Date: _____

Date: _____