

# Wild Cherry

## Tattoo Consent form

Do you suffer from any of the following ?

Yes	No
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	Yes	No
History of heart disease or murmurs		
High or low blood pressure		
HIV, Hepetitis B or C		
Medical conditions that may cause haemorrhaging		
Epilepsy in any form		
Diabetes		
Impetigo, eczema, psoriasis or warts		
Allergies to metals, adhesive bandages, topical creams		
Allergies to latex		
Are you on any medication at present ?		
Are you pregnant or breastfeeding ?		
Are you under the influence of alcohol or drugs ?		
Any additional information or details :		

Full name : .....

Address : .....

Date of Birth : ...../...../..... Artist : .....

Location of Tattoo : .....

I am 18 years old or over. I have read through this consent form and ticked any relevant boxes. Any false information I give is solely my responsibility.

Signed : ..... Date : ...../...../.....