SACRED GROUNDS

Minor Piercing Release Form

Name:		DO	B:	_//	Sex: M or F
Address:				Race:	
City: S	tate: Z	ip:	Phone	<u>:</u>	
l,	the parent/lega	l guardian of the	e abov	e named m	inor,
authorize Special Ed to pierce my son's/daughto	er's			·	
We release Sacred Grounds from any and all liability from stand the possible implications, not limited to: infection, under the influence of drugs, alcohol, or any mind-altering received educational information on the piercing proced. Do you have any allergies or have had an allerging of list:	allergic reaction, song substance. We a ures, aftercare, and ic reaction?	carring, and/or rejective re doing this pierci	ection of ng on lo	f the new jew	elry. We are not
Have you eaten within the last 4 hours?	-500	Y or	N		
Are you taking any medications that have blood thinning properties?			N		
Are you pregnant or breast feeding?			N		
Are you under the influence of drugs/alcohol?		Y or	N		
Do you have any of the following conditions?					
Diabetes Hemophilia Hepatitis A	Aids HIV E _k	oilepsy Asthn	na H	lypoglycem	ia
Physicians Name:			Phone		
Emergency Contact:		/	Phone	e:	11 Y
Minor Signature:			_Date:		<u> 12</u>
ID Type: ID Num	ber:			(C) /	/
Part of the self of the Circuit is		Dalla			
Parent/Legal Guardian Signature:	h	Date:	-		
ID Type: ID Num All information on this form is true and to the best of my					
All illiornation on this form is true and to the best of my	knowledge.				
Notary Signature:		Seal:			
State of: County of:					
Jewelry Used:	Afte	ercare Purchase:			
Reaction or follow-up:					
Piercer Signature:					
I acknowledge that the piercing procedures were exquestions regarding these procedures. All sterile exopened in front of me. Both written and verbal after	quipment and sing	gle use needles u	sed dui		•
Piercers Initials: Clients Init	ials:		_		