COSMETIC TATTOOING
By Sarahjane

AGE CONSENT FORM

Name: _____ Address: _____

_____

Email: _____ Contact No: _____

Date of Birth: ____/____/_____ (DD/MM/YYYY)

I hereby declare that I am at least 18 years of age and wish to undergo cosmetic tattooing with Sarah Jane. I understand that the minimum age requirement for this procedure is 18 years, and the photographic proof of age is genuine and belongs to myself.

The accepted forms of ID include a valid UK Passport, Driver's License, Provisional Driver's License or PASS Card (Proof of Age Standards Scheme).

Client Signature: _____ Date: _____

I, Sarah Jane, confirm that I have reviewed the client's provided ID, ensuring that they meet the minimum age requirement of 18 years for cosmetic tattooing.

Type of photographic ID provided:

- [ ] Valid UK Passport
- [ ] Driver's License
- [ ] Provisional Driver's License
- [ ] PASS Card

I have discussed the details of the cosmetic tattooing procedure with the client, including potential risks, aftercare instructions, and any other relevant information. The client has had the opportunity to ask questions, and I am satisfied that they fully understand the procedure.

The client has disclosed any relevant health information, allergies, or medical conditions that may affect the cosmetic tattooing procedure. I, the tattoo artist, will take necessary precautions based on the provided information.

Artist Signature: _____ Date: _____