



HEALTHY KIDS CARE
AT SUNRISE

Healthy Kids Care
**Release / Hold Harmless
Agreement**

Ear Piercing Consent Form

Healthy Kids Care (HKC), their employee's affiliated companies of and from all manner of actions, causes, and demands in law or in quality which I or my heirs, executors, or administrators have or might have now or hereafter by reason of their complying with my request to pierce my ears.

- I am of legal age (18); if not, Parents or Legal Guardian must sign agreement.
- I acknowledge that I am not suffering from ANY MEDICAL DISORDER or taking ANY MEDICATION that would make an ear piercing at this time inappropriate.
- I understand that the possibility of infection or scars may exist due to improper hygiene, metal sensitivity, or other causes.
- I understand that my ears are going to be pierced with sterile, stainless steel, piercing studs.
- I AGREE TO FOLLOW THE SIMPLE PROCEDURES IN THE ATTACHED AFTERCARE INSTRUCTIONS FOR THE CARE OF MY PIERCED EARS FOR THE PERIOD RECOMMENDED IN ORDER TO REDUCE THE CHANGE OF THE INFECTION OR SCARRING.

Patient's Name

Date of Birth

Parent / Legal Guardian Print Name

Parent / Legal Guardian Signature

Date of Procedure

Witness / Date