

Timeless Allure

Dr Tracy A Miller

Permanent Makeup

Parental Consent To Permanent Makeup/Tattoo - Minor

(Print Name of Parent or Legal Guardian)

Residing at:

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

I certify that I am the natural parent or legal guardian of:

(Print Name of Minor Child)

who is willingly submitting to these procedures.

The Minor Child's date of birth is: _____
(Month) (Day) (Year)

The child's age is: _____.

I have the legal authority to give consent for this child's Permanent Makeup Tattoo.

I do hereby give my consent and permission for

_____ (minor's name) to obtain permanent makeup /
tattoo from Timeless Allure, LLC. In doing so I accept full legal and moral responsibility for said permanent makeup / tattoo and assume all liability associated with the same.

By signing this consent, I confirm I have read and understand all information on the medical disclosure consent and release liability from Timeless Allure, LLC.

I agree to supervise the proper performance of After Care Instructions for Tattoo/Permanent Makeup Applications to insure proper healing for said permanent makeup/tattoo.

Birth Certificate of Minor: _____ Photo ID of Minor: _____

Parent/Legal Guardian Photo ID: _____

Signature of Parent/Legal Guardian

Date

Practitioner Name and Signature

Date