



**CLIENT RECORD**  
 This is not a release

FACILITY NAME:	CITY:	FACILITY LICENSE NUMBER:	DATE:
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**SECTION 1: CLIENT INFORMATION**

CLIENT FULL NAME:	AGE:	D.O.B.:
CLIENT FULL ADDRESS:	PHONE:	
TYPE OF ID PROVIDED:		

**SECTION 2: WRITTEN PRE-SERVICE INFORMATION K.A.R. 69-15-15 (c)**

I have received written preservice information advising me of possible reactions, side effects, potential complications of the tattooing process, and any special instruction relating to my medical or skin conditions.

SIGNATURE OF CLIENT:	DATE:
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**SECTION 3: TO BE COMPLETED PARENT OR COURT APPOINTED GUARDIAN IF APPLICABLE K.S.A 65-1953**

No person shall perform body piercing, cosmetic tattooing or tattooing on or to any person under 18 years of age without the prior written and notarized consent of the parent or court appointed guardian of such person and the person giving such consent must be present during the entire procedure. The written permission and a copy of the letters of guardianship when such permission is given by a guardian shall be retained by the person administering the procedure for a period of five years. Violation of this section is a class A misdemeanor.

I, \_\_\_\_\_, am the parent or court appointed guardian of \_\_\_\_\_ and I give my consent for this procedure and understand that I must remain present during the procedure.

\_\_\_\_\_  
 Signature of Parent/Guardian

STATE OF \_\_\_\_\_ )  
 ) ss:  
 COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
 Signature of notary public      My appointment expires: \_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PRACTITIONER**

Procedure (s) provided (check all that apply)	Date of Service		*New, touch-up, or cover-up , corrective or proper name for piercing .	Length of time of service ; <b>N/A</b> for body piercing.	
TATTOO	DATE		TYPE	DURATION	
BODY PIERCING	DATE		TYPE	DURATION	<b>N/A</b>
COSMETIC TATTOO	DATE		TYPE	DURATION	

\*69-15-15 (e) Each licensee providing tattoo or cosmetic tattoo services for corrective procedures shall take photographs before and after service. These photographs shall be maintained with the client record.

I, \_\_\_\_\_, have reviewed this consent form and have provided the client with written preservice information and verbal and written aftercare instructions.

SIGNATURE OF PRACTITIONER OR APPRENTICE :	LICENSE NUMBER:	DATE:
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**\*FOR BODY ART TRAINING PURPOSES ONLY**

I, \_\_\_\_\_, affirm that the above named apprentice is licensed by the Board under myself as a licensed trainer and performed this service under my direct supervision.

SIGNATURE OF TRAINER:	LICENSE NUMBER :	DATE:
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