

ICING

REGISTRY AND CONSENT TO EAR PIERCING

SECTION 1 - TO BE COMPLETED BY STORE ASSOCIATE BEFORE EAR PIERCING:

Date _____ Store # _____ Transaction # _____

Store Associate _____

Style # _____ Lot # _____

Ear Lobe Outer Ear Cartilage (Where Available)

Photo ID of Ear Piercing Customer or Parent/Legal Guardian:
 Driver's License State/Govt. Issued ID Military ID Passport

ID Number _____

SECTION 2 - INFORMATION FOR EAR PIERCING CUSTOMER:
To be completed by Customer or Parent/Legal Guardian if customer is a minor.

NAME OF CUSTOMER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

AGE OF CUSTOMER _____ DATE OF BIRTH _____ / _____ / _____
Month Day Year

If customer is a minor, please check below

I am the parent or legal guardian and I represent that I have the authority to take actions for this minor.

If under 3 months of age, infant must have received their first set of government recommended immunization, including DTaP

DATE OF INOCULATION _____

PLEASE INITIAL THE FOLLOWING:

- _____ I understand that my ears will be pierced with pre-sterilized, single-use ear piercing earrings that are packaged in sealed containers.
- _____ I acknowledge that if I am taking blood-thinning medications, antibiotics, have diabetes, am pregnant, have a history of infection or any other medical problem, ear piercing may carry a greater risk for me. I must consult a physician for approval before piercing.
- _____ I understand that, despite Claire's Boutiques, Inc. best efforts and my proper after care, the potential for infection exists. Improper after care/hygiene, metal sensitivity, or other causes may increase the risk of infection. Additionally, ear piercing may result in the formation of cysts or keloids.
- _____ I have read, and understand the AFTER CARE PROCEDURES and have received a copy for my after care reference.
- _____ I understand that since Claire's Boutiques, Inc. will not have the opportunity to monitor my at home after care, it is solely my responsibility to follow the AFTER CARE PROCEDURES provided at the time of the ear piercing.
- _____ I have agreed to this ear piercing procedure, fully aware of the potential risks and complications.

FOR EAR CARTILAGE PIERCING*, ALSO INITIAL THE FOLLOWING:

- _____ I understand and accept that ear piercing of the cartilage may carry a greater risk of redness, swelling, local and systemic infection, permanent scarring, the potential of cartilage deformity, and may take substantially longer to heal. Some infections may be caused by Pseudomonas aeruginosa or other antibiotic resistant bacteria.
- *Not available for children under 13**

Print Name _____

Signature X **XXXXXXXXXXXXXXXXXXXXXXX**
(If under 18 years of age, parent/legal guardian signature is required.)
 PARENT LEGAL GUARDIAN

KEEP BOTH COPIES OF THIS REGISTRY ON FILE, IN STORE, FOR 5 YEARS FROM DATE OF PIERCING.