



Parental Consent Form

Details of Piercee

Name _____ Age _____ Birth Date _____

Outlet _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for the piercee to receive ear piercing services at Stellar - Silver . Ear Piercing. I, the Parent or Legal Guardian understand that individuals below the age of 16 years old are required to obtain a written parental consent for ear piercings.

By signing this consent form, I allow Stellar Piercing Technicians to carry out ear piercings for the piercee. I acknowledge that I have read all the terms and conditions and understand that the piercee will be informed on the details of aftercare procedures. It is the piercee's responsibility to follow the aftercare instructions closely to maintain clean and healthy pierced ear lobes.

Details of Parent or Legal Guardian

Name _____ Relationship to Piercee _____

Contact _____ Signature _____

Date _____

*For more information on our products and services, please visit our website at www.stellarsg.com
Refer to **FAQs** on our website if you have any questions.

(This form is required to be signed and submitted to the Stellar Piercing Technician either as a screenshot or hardcopy, before the piercing.)