

SUNSHINE PEDIATRICS OF LUTZ

CONSENT TO EAR PIERCING

SECTION 1- TO BE COMPLETED BY SPL STAFF:

DATE _____ SPL PROVIDER SIGNATURE _____

EAR LOBE ONLY: BOTH _____ LFT _____ RT _____

PHOTO ID OF: PATIENT IF 18 YRS OR OLDER _____ OR PARENT/LEGAL GUARDIAN _____

____ DRIVER'S LICENSE _____ ST/GOV. ID _____ MILITARY ID _____ PASSPORT _____

ID NUMBER _____ NAME ON ID: _____

RELATIONSHIP TO CUSTOMER _____

SECTION 2-TO BE COMPLETED BY CUSTOMER OR PARENT/LEGAL GUARDIAN IF CUSTOMER IS A MINOR.

NAME OF CUSTOMER _____ DOB _____ AGE _____

ADDRESS _____

PLEASE INITIAL THE FOLLOWING:

____ I UNDERSTAND THAT MY CHILDS EARS WILL BE PIERCED WITH PRE-STERILIZED, SINGLE USE EAR PIERCING EARRINGS. I UNDERSTAND THAT MY CHILD IS AT RISK OF EMBEDDED EARRING, CHOKING HAZARD, OR TRUAMATIC TEARING.

____ I ACKNOWLEDGE THAT IF TAKING BLOOD -THINNING MEDICATIONS, ANTIBIOTICS, AM A DIABETIC, PREGNANT, HAVE A HISTORY OF INFECTIONS OR ANY OTHER MEDICAL PROBLEMS, THAT EAR PIERCING MAY CARRY A GREATER RISK FOR ME/MY CHILD.

____ I UNDERSTAND THAT, DESPITE SPL BEST EFFORTS AND MY PROPER FOLLOWING OF AFTERCARE, THE POTENTIAL FOR INFECTION EXISTS. IMPROPER AFTER CARE OR HYGIENE, METAL SENSITIVITY, OR OTHER CAUSES MAY INCREASE THE RISK OF INFECTION . EAR PIERCING MAY RESULT IN THE FORMATION OF CYSTS, OR KELOIDS, OR SCARRING.

____ I HAVE READ, AND UNDERSTAND THE *AFTER CARE PROCEDURES* AND HAVE RECEIVED A COPY FOR MY REFERENCE. I UNDERSTAND THAT AFTER CARE IS SOLELY MY RESPONSIBILITY AND THAT SPL WILL NOT MONITOR IT.

____ I HAVE AGREED TO THIS EAR PIERCING PROCEDURE, AND AM FULLY AWARE OF THE POTENTIAL RISKS AND COMPLICATIONS.

PRINT NAME _____

SIGNATURE AND DATE _____

POST-PLACEMENT CARE

- Apply rubbing alcohol or peroxide twice daily to avoid infection
- Gently rotate earrings with cleaning solution
- Check earrings to make sure they are secure
- Healing takes 4-6 weeks
- After healing is complete, parent's may wish to replace with a more ornamental earring

