

# Declaration of consent piercing under 16 years

**I allow my daughter, my son to get a piercing.**

Name, address, date of birth, telephone number of the legal guardian:

.....

Name, address, date of birth, ( telephone number ) of the child:

.....

Which piercing may be pierced? Please name the piercing(s) or a short description:  
(Please also note the number) e.g. 2x ear lobe.

.....

With my signature I confirm that my daughter, my son may have the above mentioned piercing. I agree with the usual risks of piercing, such as swelling, bleeding, inflammation. With proper care, problems rarely occur.

We inform about the proper care of a piercing after piercing.

**Under the age of 16, but over the age of 14, with this consent form, we will pierce all standard piercings on the ears, nose, lip, tongue, belly button, nipples as well as Dermal Anchor & Surface, but not intimate piercings.**

Date, place and signature of parent or guardian:

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**For children under 14, the parent or guardian must come by the store.**

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