Consent & Risk Disclosure for a Tattoo

A tattoo penetrates the skin and is, in legal terms, a bodily intervention that is lawful only with your informed consent (**§§ 223, 228 StGB**). This form records that the procedure and its risks have been explained to you and that you consent to it. Please read it carefully and ask about anything unclear before you sign.

1 Your details

FULL NAME

DATE OF BIRTH

ADDRESS

PHONE / EMAIL

ARTIST / STUDIO

2 The tattoo

MOTIF / DESCRIPTION

PLACEMENT

APPROX. SIZE

DATE OF APPOINTMENT

3 What has been explained to me

In a consultation before the appointment, the following were explained, and my questions answered:

- The procedure, the hygiene measures and the materials used.
- That a tattoo is permanent, and that removal is difficult, costly and may leave marks.
- Normal reactions — pain, bleeding, swelling, redness and tenderness for several days.
- The risk of infection if the aftercare instructions are not followed.
- The risk of allergic reactions, particularly to coloured and red inks, which can appear even years later.
- That ink pigments can migrate to the lymph nodes, and that long-term effects cannot be fully ruled out by current science.
- That the tattoo may react to sunlight and will naturally fade and age over time.
- That the result can differ from the stencil because of skin type, and that cover-ups, scars and stretch marks carry additional risks.

4 My declarations & consent

- ☐ I had a consultation and **all my questions were answered**.
- ☐ I have received and understood **written aftercare instructions**.
- ☐ I have completed the **health questionnaire** truthfully and in full (separate document).
- ☐ I am **not** under the influence of alcohol or drugs.
- ☐ I am **18 years or older** — or, for a 16–17-year-old, the separate guardian-consent form applies.
- ☐ Having understood the risks set out above, I **consent** to the tattoo described being carried out on me.

> **Please note:** under § 52 (2) SGB V, your statutory health insurer may ask you to contribute to the cost of treating any complications arising from a self-chosen cosmetic procedure such as a tattoo.

5 Signatures

PLACE, DATE

SIGNATURE OF CLIENT

GUARDIAN (IF 16–17)

SIGNATURE OF ARTIST

Accompanying documents
Health questionnaire · Data-protection information · Photo & image release