



True Love Tattoo Studios  
1400 North State Rd 7  
Margate ,Fl 33063  
Phone (954) 979-9300  
[TrueLoveStudios@G-mail.com](mailto:TrueLoveStudios@G-mail.com)

### PARENTAL CONSENT FORM

I, \_\_\_\_\_, do hereby give my consent and  
permission for \_\_\_\_\_ to obtain a Tattoo from  
**TRUE LOVE TATTOO STUDIOS**

In doing so I accept full Legal and Moral responsibility for said Tattoo and assume all liability associated with the same. By signing the consent, I confirm that I have read and understand all information on the Medical Disclosure and Release of Liability Form and the complete care instructions. I agree to supervise the aftercare procedures to insure proper healing of said Tattoo.

Parent's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Picture ID Provided: \_\_\_\_\_

ID Number: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Seal