

CLAIRE'S ACCESSORIES UK LIMITED - EAR PIERCING APPLICATION

1. To be completed by Store Associate before Ear Piercing

Date: _____ Store No: _____ Store Telephone: _____
SKU: _____ Lot No of E/R: _____ Cost: _____ Lobe: _____ Cartilage: _____

2. Personnel Details

Name: _____ Age: _____ Date of Birth: _____
Address: _____ Telephone Number: _____
If over 4 months, has the child received final immunization? _____ Proof if required e.g. birth certificate: _____

(DO NOT CARTILAGE PIERCE UNDER 16YR OLDS)

3. Application - Please initial the following:

Please accept my application for my ears to be pierced by Claire's. I have read and understand the following information, which is of considerable importance in taking precautions to avoid any possible problems arising from the treatment.

- I am not under the care of my doctor for any condition, which should prohibit me from having my ear pierced.
I do not suffer from Diabetes, Epilepsy, Hepatitis, HIV, Haemophilia or Dizziness and I am not taking any blood thinning medication.
I am not under the influence of drugs or alcohol.
I confirm I have been given a copy of the Claire's Ear Care Procedure which I have read and understood.
I understand that despite Claire's Accessories UK Ltd best efforts and my proper aftercare, the potential for infection or embedding exists.
I understand that should an infection occur, I should immediately seek medical advice before removing the earpiercing earring.
I have agreed to this ear piercing procedure, fully aware of the potential risks and complications.
I am over 16 years of age or given on behalf of a minor under 16 years of age, that I am the parent or legal guardian of such a minor.

For Ear Cartilage Piercing, Also Initial The Following:

I understand and accept that the ear piercing in the cartilage may carry a greater risk of redness, swelling and infection due to improper aftercare/hygiene, which may result in permanent scarring to the pierced cartilage area of the ear, the potential of cartilage deformity or may take substantially longer to heal. I accept this risk.

I CONSENT TO THE EAR PIERCING PROCEDURE TO BE CARRIED OUT BY CLAIRE'S

Print Name: _____ Signature: _____
(If under 16 years of age, parent / legal guardian signature is required) [X] Parent [] Legal Guardian []

4. Ear Care Procedure

- I have had read to me the following information:-
Wash hands thoroughly before touching earrings or ear.
Cleanse front and back of ear at least 3 times a day with Claire's Ear Care Solution without removing earrings.
DO NOT:-
Remove the earrings or handle your ears and/or earrings unnecessarily.
Push the butterfly along the post towards the ear - the butterfly must always be positioned at the tip of the post.
DO:-
Leave earrings in ears for 6 weeks continuously (12 weeks for cartilage).
After 6 weeks (12 weeks for cartilage), the earrings can be removed and other posttype earrings must be worn continuously.
Use only post style earrings continuously for the first 5 months from piercing (12 months for cartilage).
Keep hairspray, soap, shampoo and other preparations away from the ear.
Minor pain / redness may occur immediately - this is normal.
EAR CARTILAGE:-
Due to the nature of ear cartilage, extra care should be observed during the healing period.
PIERCING OF CHILDREN'S EARS:-
There is additional and important information about the above on the reverse of this form.

5. Procedure Acknowledgement (Please initial the following)

- I have observed the Ear Piercing Specialist wore new, disposable glove for my/my child's ear piercing.
I have observed the Ear Piercing Specialist cleaned the ear piercing instrument and each of my/child's ears with a separate, single-use anti-septic medi-wipe before the piercing.

Print Name: _____ Signature: XXXXXXXXXXXXXXXXXXXX
(If under 16 years of age, parent / legal guardian signature is required) [X] Parent [] Legal Guardian []

6. Staff

I have read the above application to the above customer and I am satisfied that the customer understood the contents before the customer signed it.
Piercer 1 (BLOCK CAPITALS)..... [] (tick if dual piercing) / Piercer 2..... 0277