

**STANDARD RELEASE & AUTHORIZATION
WITH AFTER PIERCING
EAR CARE INSTRUCTIONS**

Madison Pharmacy uses a sterile ear piercing system. However, lack of proper care after piercing can result in problems over which Madison Pharmacy has no control. Therefore, by signing this authorization, I certify that I am aware that ear piercing may carry some risk due to improper hygiene or follow-up care. I further understand that piercing in the outer ear cartilage may carry a greater risk of swelling and infection and may take substantially longer to heal. Therefore, hereby certify that I voluntarily elect to and consent to having my ear(s) pierced. In addition, I assume all risks of loss or injury of any kind whatsoever that may be associated with ear piercing.

In signing the Release Authorization and Covenant Not to Sue, I hereby acknowledge and represent that:

1. I have read, or been given the opportunity to read, this Release Authorization and Covenant Not to Sue and understand it.
2. I am 18 years old or older, or if signed on behalf of a minor under 18 years of age, that I am the parent or guardian of such minor and will hold only myself liable and will indemnify Madison Pharmacy in the event minor makes a claim as a result of ear piercing. I also understand that a minor signing as an adult constitutes a fraudulent act.
3. I agree to follow each step of ear care exactly.
4. I understand that if I am taking any blood thinning medication, suffer from diabetes or have any other medical problem or history, I should consult a physician before having my ears pierced.

AFTER PIERCING EAR CARE INSTRUCTIONS

IMPORTANT

IMPROPER AFTER PIERCING CARE IS THE MOST COMMON CAUSE OF INFECTION AND OTHER HEALING PROBLEMS ASSOCIATED WITH EAR PIERCING. IT IS VERY IMPORTANT TO FOLLOW THESE INSTRUCTIONS EXACTLY.

1. **DO NOT REMOVE STUDS** for six to eight weeks (8-12 weeks for cartilage piercing). For the first six months, do not go longer than 24 hours without wearing earrings, otherwise the hole could begin to close. This will assure that the newly pierced hole will be formed properly. If after the healing period the ear feels sore when changing earrings, go back to training studs and continue following these instructions for one or two more weeks.

2. At least twice a day apply Ear Care Solution directly to the pierced hole and slide the studs back and forth to work in the solution. Rotate the studs several times a day.
3. After shampooing, be sure that soap is completely rinsed from the ear lobes. Cover ear lobes when using spray cologne, hair spray or hair dye. Keep hair away from ear lobes whenever possible during the healing period.
4. After the healing period, other post earrings may be worn. These should be made of Gold, Medical Grade Stainless Steel or Sterling Silver. No heavy earrings should be worn for at least four months after the healing period.

Pain, infection, redness or swelling is not a normal result of ear piercing. Should any of these conditions occur, remove earrings immediately and consult your physician.

STORE COPY

STANDARD RELEASE & AUTHORIZATION

Customer Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Date _____ Date of Birth _____

Piercing Earring Style _____

Sterilization Lot # _____

I have received, read and understand the After Piercing Ear Care Instructions. I understand and accept that ear piercing in the cartilage area may carry greater risk of redness, swelling and infection due to improper hygiene or after ear piercing care. Therefore, I understand that it is essential to follow the After Piercing Ear Care Instructions.

Piercing Location Customer Initial

Ear Lobe _____

Cartilage _____

Madison Pharmacy uses Studex Piercing Systems. Lack of proper care after piercing can result in problems over which Madison Pharmacy had no control. Therefore, by signing this authorization, I certify that I am aware that ear piercing may carry some risk due to improper hygiene or follow-up care. I further understand that piercing in the outer ear cartilage may carry a greater risk of welling and infection and may take substantially longer to heal. Therefore, I hereby certify that I voluntarily elect to and consent to having my ear (s) pierced. In addition, I assume all risks of loss or injury of any kind whatsoever that may be associated with ear piercing.

In signing the Release Authorization and Covenant Not to Sue, I hereby acknowledge and represent that:

1. I have read, or been given the opportunity to read, this Release Authorization and Covenant Not to Sue and understand it.

2. I am 18 years old or older, or if signed on behalf of a minor under 18 years of age, that I am the parent or legal guardian of such minor and will hold only myself liable and will indemnify Madison Pharmacy in the event such minor makes a claim as a result of ear piercing, I also understand that a minor signing as an adult constitutes a fraudulent act.
3. I agree to follow each step of ear care exactly.
4. I understand that if I am taking any blood thinning medication, suffer from diabetes or have any other medical problem or history, I should consult a physician before having my ears pierced.

**Customer
Signature** _____