STATE OF FLORIDA
DEPARTMENT OF HEALTH

WRITTEN NOTARIZED CONSENT FOR BODY PIERCING OF A MINOR CHILD
Use of this form is voluntary and not required by the Department of Health. This form is provided as a service to assist salons in complying with the record keeping requirements of Chapter 64E-19, Florida Administrative Code.

State of Florida  }
County of ___________________  } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: ______________________________________________________

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: ____________________________ (Print Name of Minor Child)

2) The Minor Child’s date of birth is: ____________________
   (Month)  (Day)  (Year)

3) The child’s age is: ________________.

4) I have the legal authority to give consent to the body piercing of this child.

5) I consent to the body piercing of my child as follows: (location of piercing)
__________________________________________
__________________________________________
__________________________________________
__________________________________________

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this_________day of __________________________, 20___, by __________________________ (Print Name)

who is personally known to me, or, who produced satisfactory identification in the form of

__________________________________________

(Signature of Notary)

Seal:

(Print Name of Notary)