STATE OF FLORIDA DEPARTMENT OF HEALTH

For Office Use Only (Printed Name of Licensed Salon)

(Signature of Piercer)

(Printed Name of Piercer)

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)

1. The Minor Child’s date of birth is:

(Month) (Day) (Year)

1. The child’s age is: .
2. I have the legal authority to give consent to the body piercing of this child.
3. 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)