



For Office Use Only
_____
(Printed Name of Licensed Salon)
_____
(Signature of Piercer)
_____
(Printed Name of Piercer)

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

\_\_\_\_\_

Seal:

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Print Name of Notary)