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)