Albany County Health Department



Consent by the parent or guardian to the body piercing of a minor

A body piercing, other than one performed solely upon the ear lobe is authorized only upon the written, notarized consent of at least one parent or legal guardian, who must file the same in person at the body piercing shop and complete a written record at the shop.

I,	, residing at, do certify that I am the parent/legal guardian of		
	state o	<u>f</u>	, do certify that I am the parent/legal guardian of
		, D.O.B.	, a person under the age of eighteen
years and older	than fourteen years. I	hereby consent to	the administration upon said minor of the following
body piercing p	rocedure		To be performed at Shocker Tattoo 10, by
Company Locat	ted at 302 Lark Street,	Albany, NY, 122	10, by
_			ent body, I understand that minors have a ld cause scarring and tissue damage.
damage, as the a		through the skin.	any piercing. This includes vascular Every precaution will be taken to avoid any
required to be for of the piercing a cleaning to heal	ollowed in order to pro artist for a few momen properly and it is my care is taken for the ne	pperly heal a body ts and that a body responsibility as t	tions concerning the after care procedures piercing. I understand my child is only in the care piercing can take months of diligent care and the parent or legal guardian of said minor to insure s. I have fully researched and considered the decision
Signature of pa	arent or legal guardia	n	
State of New Yo	ork}		
County of Alba	nny} SS.:		
			he subscriber, personally appeared, to me personally know and known to me to be the
same person des he/she executed	scribed in and who exe	ecuted the foregoi	, to me personally know and known to me to be the ng consent and she/he did acknowledge to me that

Notary Public