



Seneca County

Health Department

31 Thurber Drive
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Division of Environmental
Health Services

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The purpose of this form is to obtain the parent/guardian's consent for the minor's participation in New York State Department of Health tobacco compliance checks. Such participation would include the attempted purchase of tobacco products by the minor at various tobacco outlets within Seneca County.

Name of Minor:	Name of Parent/Guardian:
Address:	Address:
Phone:	Phone:
Sex: Age: Birthdate:	Relationship to Minor:

I, _____, hereby give permission for _____ to purchase tobacco products as part of a compliance check conducted by the Seneca County Department of Health. The purpose of these compliance checks is to determine if a tobacco outlet sells tobacco products to persons less than 18 years - of -age, in violation of Article 13F of the Public Health Law. I understand that it is legally permissible for my child to purchase tobacco products in conjunction with these compliance checks.

In addition to consenting to my child's participation in these compliance checks, by signing this form, I also release the above named local health department and the State of New York from any and all liability arising from my child's participation in these compliance checks.

Print Parent/Guardian Name

Print Minor Name

Signature of Parent/Guardian

Signature of Minor

Date

*"Creating safe, healthy, communities and environments
for all generations."*



Public Health
Prevent. Promote. Protect.
Seneca County, NY