

# Parent or Legal Guardian Consent for Body Piercing of a Person Under 18 Years of Age

## Health Risk Awareness

It is important to be aware of the potential health risks associated with body piercing such as allergic reactions, skin infections, hepatitis, prolonged bleeding, swelling, scarring and general discomfort. Existing medical conditions such as allergies, heart disease, diabetes, skin disorders or conditions that affect the immune system may increase the risk of complications from body piercing. Before providing consent for body piercing, speak with a physician regarding potential health risks for your child.

## Body Piercing Consent Requirements

New York State Public Health Law Article 4-A, Section 460-a, prohibits the owner, operator or employee of a body piercing studio from body piercing a person under eighteen years of age unless a parent or legal guardian provides written consent. To provide consent, the parent or legal guardian must complete and sign this form in the presence of the owner of the body piercing studio or in the presence of the studio's body piercing specialist. The original written consent will be retained by the body piercing studio and will expire twelve months from the date it was signed.

## Studio

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name of legal operator: \_\_\_\_\_

Name of body piercing specialist: \_\_\_\_\_

## Parent/Legal Guardian

I, \_\_\_\_\_, am the parent or legal guardian  
Print the name of the parent or legal guardian.

of \_\_\_\_\_, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
Print the name of the minor.

I give consent to the owner of this body piercing studio and/or the body piercing specialist named above, to body pierce my child who is under the age of eighteen years of age. This consent is limited to the following type(s) and location(s) of body piercing(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Studio Owner or Body Piercing Specialist

I, \_\_\_\_\_, owner or body piercing specialist of the studio named  
Signature of the studio owner or body piercing specialist.

above, attest that the above named parent or legal guardian signed this form in my presence on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .