## ALBANY COUNTY HEALTH DEPARTMENT

## CONSENT BY PARENT OR GUARDIAN TO THE BODY PIERCING OF A MINOR

New York State. A body piercing lobe, is authorized only upon the or legal guardian, who must file the complete a written record at the s	or (a person under the age of eighteen years) in , other than one performed solely upon the ear written, notarized consent of at least one parent ne same in person at the body piercing shop and hop. , residing at
	, do certify that I am the parent/lega
guardian of	, a person under the age of eighteer
years. I hereby consent to the adm	ninistration upon said minor of the following body
piercing procedure:	
to be performed by	, located at
	, and do hereby acknowledge that I have
received and reviewed a written i	nformation sheet from the body piercing artist
concerning the risks involved with t	the body piercing and its possible complications,
and have discussed the same and h	nave also received from and discussed with the
body piercing artist written instructi	ons concerning aftercare procedures.
	Signature of Parent or Legal Guardian
STATE OF NEW YORK ) COUNTY OF ALBANY ) SS.:	
personally appeared	to me personally known and described in and who executed the foregoing to me that (s)he executed the same.
	Notary Public