## Consent for Body Art Procedures For Minors Piercing ONLY

Name:			Today's Date: _	/
Body Artist:				
Date of Birtl	h:/			
Phone Numl	ber: ( )	- Email: .		
Parent/Guare	dian Signature:			
explained to		not limited to: bleeding	ential complications and ng, pain, swelling, infect	d risks have been ion, prolonged healing,
especially for my physician healing perio as possible ar	r those with underly a prior to receiving od related to the Bo	ying medical condition any Body Art Procedu ody Art Procedure, I ha Artist and/or Body Ar	e and may involve possins. I am also aware that re. If I experience an acave been advised to seel to Establishment where	I should consult with dverse affect during the k medical care as soon
or any oth products	her blood-borne or instruments o dividual cannot o	disease with any pro contaminated with l	cted with Hepatitis I ocedure that involves blood products. In ad months after having :	s exposure to blood ldition, I understand
appeared satisfactory of and acknowl his/her/their	evidence to be the edged to me that h	, personally individual(s) whose name/she/they executed the instrument, the indiv	, before me, the unknown or proved to me me(s) is subscribed to the same in his/her/their idual(s), or the person u	on the basis of ne within instrument
	Notary F	Public. State of New Yo	ork	

THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES DOES NOT ENDORSE OR RECOMMEND BODY ART IN ANY FORM. This includes, but is not limited to: Tattooing, Body Piercing, Branding, Scarification, Cosmetic Tattooing, Permanent Makeup, Micropigmentation and Dermopigmentation.

South Shore Tattoo Co. 74 Merrick Road, Amityville, NY 11701 - (516) 279-9083 - sstattooco.com