



Master Pierce Professional piercing

10300 W Forest Hill Blvd - Unit 154, Wellington, FL 33414

Phone: (561) 753 1770 • Email: contact@masterpierce.com • Web: www.masterpierce.com

WRITTEN NOTARIZED CONSENT FOR PIERCING OF A MINOR CHILD

Use of this form is voluntary and not required by the Department of Health. This form is provided as a service to assist salons in complying with the record keeping requirements of Chapter 64E-19, Florida Administrative Code.

State of Florida: County of _____.

(Name of Parent or Legal Guardian)

(Residing at)

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

- 1) I am the natural parent or legal guardian of: _____.
- 2) The Minor Child's date of birth is: _____.
- 3) The child's age is: _____.

Print Name of Minor Child

Date

4) I have the legal authority to give consent to the piercing of this child.

5) I consent to the piercing of my child as follows: _____.
(Location of Piercing)

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this ___ day of _____, 20___, by _____ who is personally known to me, or, who produced satisfactory identification in the form of _____.

(Signature of Notary)

(Print Name of Notary)

I.D