

**CATTARAUGUS COUNTY DEPARTMENT OF HEALTH  
CONSENT BY PARENT OR LEGAL GUARDIAN  
TO THE BODY PIERCING OF A MINOR**

There are significant risks associated with body piercing. *These risks include, but are not limited to, skin infections, blood infections (Hepatitis B, Hepatitis C, HIV/AIDS), bacterial infections, tissue damage, scarring and disfigurement, nerve damage, broken blood vessels and possibly even death.* Proper care must be taken of the pierced area, but even proper care may not prevent problems.

**THIS SECTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN OF MINOR WHO IS TO BE PIERCED**

Name of Minor (print) \_\_\_\_\_

Signature of Minor \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent / Legal Guardian (print) \_\_\_\_\_  
(please circle)

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing the above I acknowledge that I am the parent/legal guardian of the minor who is about to be pierced. We further acknowledge that we have been informed of the risks of body piercing, as noted above, and have received after-care instructions.**

**THIS SECTION TO BE COMPLETED BY THE PERSON PERFORMING THE BODY PIERCING**

Name (print) \_\_\_\_\_

Facility Name \_\_\_\_\_ Phone # \_\_\_\_\_

Body location pierced \_\_\_\_\_ Describe Jewelry \_\_\_\_\_

Type of ID for Parent/Legal Guardian \_\_\_\_\_ # \_\_\_\_\_  
(Can only accept identification issued by the Commissioner of Motor Vehicles, Passport, Military ID)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing the above I acknowledge that I have discussed the risks of piercing, as noted above, with the minor and their parent/legal guardian, and I have provided after-care instructions. I further acknowledge that I verified and possess a copy of the identification and proof of parent/legal guardianship presented to me by the parent/legal guardian. These original documents must be retained by the owner of the facility for a minimum of six (6) years after the minor turns 21, and shall be made available for examination, upon request by a Cattaraugus County Health Department representative or any law enforcement officer.**