

TANNING FACILITIES PARENTAL PERMISSION FORM

Parental Permission Form For Use Of An Ultraviolet Radiation Device By A Minor Sixteen Years And Older But Under The Age Of Eighteen

Effective June 12, 2006, Chapter 702 of the Laws of Westchester County requires written parental permission for use of an ultraviolet radiation device of a tanning facility by a person sixteen (16) years and older but under the age of eighteen (18). This parental permission form must be signed onsite at the tanning facility in the presence of an owner, operator or employee of the tanning facility prior to services being rendered. This Local Law also prohibited the use, by minors under the age of sixteen (16), of an ultraviolet radiation device at a tanning facility.

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Name of Minor: _____ DOB/Age: _____

Documentation of Age (circle one): Driver's license Birth Certificate. Passport.

Specify if a different document was used to verify age:

As the parent/legal guardian of the aforementioned minor, I give consent for him/her to obtain tanning salon services for the number of visits below:

_____ Single visit

(OR)

_____ Multiple visits from start date _____ to end date _____

(Time period not to exceed 3 months)

By signing this consent, I, _____, affirm that I am the parent/legal guardian of the aforementioned minor, _____, and that I consent to these services after having reviewed the Westchester County Department of Health's warning notice posted at the point of entry of the tanning facility and the notice listed below:

WARNING: Tanning by artificial ultraviolet radiation at tanning salons has been associated with an increased risk for developing skin cancer. Sunburns sustained during childhood and adolescence are associated with an increased risk for developing malignant skin cancer later in life.

Parent/Legal Guardian's Name/Relation: _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Street Address: _____

Parent/Legal Guardian's City and State: _____

Parent/Legal Guardian's Phone Number: _____

SECTION TO BE COMPLETED BY TANNING SALON

Name of Tanning Salon: _____

Address of Salon: _____

Phone Number of Salon: _____

Name of Tanning Salon Representative: _____

Signature of Tanning Salon Representative: _____

Today's Date: _____

** This parental permission form should be retained by the tanning facility for a minimum of one year.