



# New York City Department of Health and Mental Hygiene Indoor Tanning Facilities Parental Consent Form

Please read the following information and acknowledge that you understand all warnings and accept all provisions by signing below.

## **ULTRAVIOLET RADIATION**

Ultraviolet (UV) radiation is a human carcinogen and can cause skin cancer. Overexposure to UV radiation from tanning devices can cause burns and injury to the skin and eyes, premature aging of the skin and allergic reactions. Overexposure to UV radiation can reduce immunity, making your body less able to fight infection. It can also worsen existing medical conditions.

*My minor child will not exceed the manufacturer's maximum exposure time when using a tanning device.*

## **ULTRAVIOLET RADIATION SENSITIVITY**

A combination of UV radiation and certain foods, cosmetics or medications can increase sensitivity to UV radiation. This is called "photosensitivity."

*I am aware that the use of UV radiation is not advised when eating certain foods or when using certain cosmetics or medications. I will consult a physician before my minor child uses a tanning device if my minor child is using photosensitive medications, has a history of skin problems or if I believe that my minor child is especially sensitive to sunlight. I am aware that if my minor child does not tan in the sun, he or she is unlikely to tan from the use of a tanning device.*

## **TANNING HEALTH RISK ADVISORY**

*My minor child and I have read the **New York City Department of Health and Mental Hygiene Health Risk Advisory.***

## **PROTECTIVE EYEWEAR**

Failure to use Food and Drug Administration (FDA) certified protective eyewear can result in severe burns or injury to the eye, such as photokeratitis, cataracts, macular degeneration and melanoma.

*My minor child agrees to wear FDA certified protective eyewear.*

## **PARENTAL CONSENT**

*I am the parent or legal guardian of a minor child who is seventeen (17) years of age.*

Print the Name of Your Minor Child \_\_\_\_\_ Date of Birth of Minor Child \_\_\_\_\_

*My minor child and I have been given adequate instruction in the operation and use of tanning devices and are aware of the tanning device termination switch. I am aware that in some cases the maximum allowable time for a tanning device may not appropriate for child*

*My minor child and I have read and understand the hazards of tanning so that I can make an informed judgment about indoor tanning and the use of tanning devices.*

*I give consent for my minor child to use tanning devices in this facility.*

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print the Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Operator or Employee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

E-mail Address \_\_\_\_\_