



# Lark Vegas Infant/Child Lobes Parental Consent

Albany county Health Department Law requires notarized consent by a custodial parent to perform any body piercing on a minor.

A body piercing is authorized only upon the written, notarized consent of the custodial parent, who must file the same in person at the body piercing shop and complete a written record at the shop. The parent must be present with the Infant and proper identification for both the parent and minor are required at that time.

**Please initial after FULLY READING and accepting the following information:**

- Infants should not have any vaccinations within 10 days before or after the piercing. \_\_\_\_\_
- Infants should not be on any medications or antibiotics. \_\_\_\_\_
- Infants should not be having any cold or flu symptoms, or signs of illness. \_\_\_\_\_
- Infants may grab or pull jewelry; jewelry may get caught on clothing, blankets or other soft articles, which could damage or tear the ear lobe and cause scarring. \_\_\_\_\_
- I understand there is always some risk associated with any piercing. This includes vascular damage, as the technician cannot fully see through the skin. I understand the technician will take precautions to avoid any obvious veins, capillaries and arteries. \_\_\_\_\_
- I understand my child is only in the care of the piercing technician for a few moments and that a body piercing can take several months of diligent care and cleaning to heal properly. \_\_\_\_\_
- I understand it is my responsibility as the parent to insure that the proper care is taken for the next several months. \_\_\_\_\_
- I have FULLY researched and considered the decision I am making for my infant/child and accept the responsibility and risks associated with my decision. \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_, city of \_\_\_\_\_, state of \_\_\_\_\_, do certify that I am the custodial parent of \_\_\_\_\_, D.O.B. \_\_\_\_\_, a child, **at least 3months of age**. I hereby consent to the administration of **Ear Lobe** piercings upon said infant/child, to be performed at Lark Vegas Piercing Co. LLC. Located at, 273 Lark St, Albany, NY, 12210, by \_\_\_\_\_:

X \_\_\_\_\_

**Signature of parent or legal guardian**

**State of New York}**  
**County of Albany} SS.:**

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the subscriber, personally appeared \_\_\_\_\_, to me personally know and known to me to be the same person described in and who executed the foregoing consent and she/he did acknowledge to me that he/she executed the same.

*Notary, please do not notarize unless fully completed.*

\_\_\_\_\_  
**Notary Public**