UTAH DEPARTMENT OF
HEALTH

TANNING CONSENT FORM

A PHYSICIAN'S WRITTEN ORDER FOR MEDICAL TREATMENT OR THIS CONSENT FORM IS REQUIRED FOR ALL PERSONS UNDER 18 YEARS OF AGE IN ORDER TO USE A TANNING DEVICE. IT MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IN PERSON FOR EACH TANNING SESSION. A PARENT OR LEGAL GUARDIAN IS NOT REQUIRED TO REMAIN AT THE FACILITY FOR THE DURATION OF USE.

Health Risks are Associated with Use of a Tanning Device

These include **skin cancer, skin burns, premature skin aging and eye damage**

For more information regarding the health risks of tanning see the FDA website: http://www.fda.gov/radiation-emittingproducts/radiationemittingproductsandprocedures/tanning/default.htm, or contact your local health department.

Consent

I have read and understand the warnings listed on the operator provided warning notice and understand the increased health risks of using a tanning device. I consent to allow _____
(Printed name of Minor)
to use the tanning devices with protective eye wear at this tanning facility.

_____ _____
(Birth date and Age of Minor) (Address, City, State and Zip)

Signature of Parent or Legal Guardian	Date

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