



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF COMMUNITY AND PUBLIC HEALTH  
**TANNING CONSENT FORM FOR PERSONS SIXTEEN AND UNDER**

**THE FOLLOWING INFORMATION IS COMPLETED BY THE TANNING FACILITY**

Tanning Facility Name		Tanning Facility Telephone Number	
Tanning Facility Street Address	City	State	Zip Code

**PARENT OR GUARDIAN INFORMATION**

I am the parent or guardian of the person named below, who is sixteen years old or under. On the date below, I appeared in person at the Tanning Facility. I have read and I understand the warnings given to me by the Tanning Facility, and I consent to the use of a tanning device at the Tanning Facility by the person named below. I understand that additional information and warnings regarding the negative health effects of tanning devices are available at [www.cdc.gov](http://www.cdc.gov), [www.fda.gov](http://www.fda.gov), and [www.health.mo.gov](http://www.health.mo.gov) or by calling the Missouri Department of Health and Senior Services toll free at (866)726-9926.

**THE FOLLOWING INFORMATION IS COMPLETED BY THE PARENT OR GUARDIAN OF A PERSON SIXTEEN OR UNDER**

Date	Name of Person Who is Sixteen or Under (please print)		
Name of Parent or Guardian (please print)	Parent or Guardian Telephone Number		
Parent or Guardian Street Address	City	State	Zip Code
Signature of Parent or Guardian			