



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