



**Rules of
Department of Health and
Senior Services**

**Division 20—Division of Community and Public Health
Chapter 12—Protection Against Non-Ionizing Radiation**

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 20—Division of Community
and Public Health
Chapter 12—Protection Against
Non-Ionizing Radiation**

19 CSR 20-12.010 Tanning Consent for Persons Under Age Seventeen (17)

PURPOSE: To establish a standard consent form to be used by all tanning facilities operating in Missouri.

(1) As used in this rule and the consent form included herein, the following terms mean:

(A) Tanning device is any equipment that emits electromagnetic radiation with wavelengths in the air between two hundred (200) and four hundred (400) nanometers used for tanning of the skin, including, but not limited to, a sunlamp, tanning booth, or tanning bed; and

(B) Tanning facility is any location, place, area, structure, or business which provides persons access to any tanning device for a fee, membership dues, or any other form of compensation.

(2) Prior to any person less than seventeen (17) years of age using a tanning device in a tanning facility, a parent or guardian of such person shall annually appear in person at the tanning facility and sign a written statement acknowledging that the parent or guardian has read and understands the warnings given by the tanning facility and consents to the person's use of a tanning device at the tanning facility.

(3) For purposes of obtaining the consent described in section (2) above, tanning facilities shall use the form included herein. This form is available in an electronic format at <http://health.mo.gov/living/healthconditions/chronic/chronicdisease/TanningConsentForm.pdf>.



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, www.fda.gov, and 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			

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AUTHORITY: section 577.665, RSMo Supp. 2014. Original rule filed Aug. 28, 2014, effective April 30, 2015.*

**Original authority: 577.665, RSMo 2014.*