

## Parent/Guardian Emergency Contact Information, Authorization for Emergency Medical Treatment, and Permission to Perform

### A. Instructions for Employers

- Obtain the following information from the parent/guardian for each child performer employed.

### B. Instructions for Parents

- Complete Part C and Part D.
- Sign and date the form.
- Provide this completed form to the employer.

### C. Performer and Parent/Guardian Information

Child Performer Name \_\_\_\_\_

Child Performer Stage Name (if different) \_\_\_\_\_

Child Performer Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### D. Parent/Guardian Emergency Contact Information and Authorization

Emergency contact name and relationship to child \_\_\_\_\_

Emergency contact phone number(s) Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Medical Conditions affecting child's health or safety (optional)

Allergies (optional) \_\_\_\_\_

Name of child's physician \_\_\_\_\_

Physician's phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Check if applicable

The employer has access to the above information (Part C) through (name of organization)

\_\_\_\_\_ which is providing the group of performers to the employer.

I have granted permission for the employment of the above named child, and I hereby authorize the provision of emergency medical treatment to be provided for this child if needed during such employment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date