

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: _____

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