

**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