



**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