

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

A. Instructions for Employers

Obtain completed form from the parent/guardian of each Minor employed prior to first call [300-7-1-.03 (7)(a)].

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

Minor Performer Name: _____

Minor Performer Stage Name (if different): _____

Minor Performer Age: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

D. Parent/Guardian Emergency Contact Information and Authorization

Emergency contact name and relationship to minor: _____

Emergency contact phone number(s) Home: _____ Work: _____

Cell: _____

Medical conditions affecting minor's health or safety (optional):

Allergies (optional): _____

Name of minor'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 minor, and hereby authorize the provision of emergency medical treatment to be provided for this minor if needed during such employment.

Parent/Guardian Signature

Date