



Child Labor Unit  
 Georgia Department of Labor  
 148 Andrew Young International Blvd., N.E.  
 Suite 700  
 Atlanta, Georgia 30303-1751  
[dol.georgia.gov](http://dol.georgia.gov)

**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