APPOINTMENT OF CHAPERON

To: _____ (Name of Producer)

Re: _____ (Name of Production)

1) I, _____ (Name of Parent/Custodian), am the Parent or legal custodian of _____ (Name of Minor), who is under the age of sixteen.

2) I hereby appoint _____ (Name of Chaperon) to be the Chaperon of the above noted Minor, my child for all times that I am unable to accompany my child to or from the set and remain in attendance while my child is present on the set.

I agree to advise you if I will accompany my child instead of the Chaperon any time during the production. I warrant that the Chaperon I have appointed has my full authority and confidence to supervise and care for the above noted Minor during this production.

Dated at _____ this _____ day of _____ , _____

_____   _____
Parent's Signature   Parent's Telephone Number

_____   _____
Witness Signature   Print or type Witness Name

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CONSENT OF CHAPERON

I, _____ (name of Chaperon), have read and familiarized myself with the provisions of the current IPA relating to Minors (in particular A2708), and the script with respect to the Role of _____ (name of Minor). I understand my responsibility is to ensure that the best interests of the Minor in my care, prevails at all times and I consent to assume this responsibility. I warrant I am at least 21 years of age.

Dated at _____ this _____ day of _____ , _____

_____	_____
Chaperon's Signature	Address
	_____
	Chaperon's Telephone Number
_____	_____
Witness Signature	Print or type Witness Name

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EMERGENCY MEDICAL AUTHORIZATION FORM

I, _____ , am the Parent of _____ , a child Performer, who is a minor, engaged under the terms of the IPA, and I hereby authorize the Producer or its designate to arrange for the provision of medical treatment for my child in the event of an emergency. This authorization will only be used when I or other Parent, of the child is unavailable to provide the consent.

Dated at _____ this _____ day of _____ ,_____

_____
Parent's Signature

_____
Parent's Telephone Number

_____
Witness Signature

_____
Print or type Witness Name

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