

APPENDIX "N"
CHAPERON FORM AND EMERGENCY MEDICAL AUTHORIZATION FORM
(SEE SECTION 16)

Appointment of Chaperon

To: (Name of Engager)
Re: (Name of Production)

I, _____ (Name of Parent), am the Parent or legal Guardian of
_____ (Name of Minor), who is ten (10) years of age or older.

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

I agree to advise you if I, instead of the Chaperon, will accompany my Minor any time during the production. I warrant that the Chaperon whom 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 _____ 20____

Witness Signature of Parent or Guardian

Telephone _____

Consent of Chaperon

I, _____ (Name of Chaperon), have read and familiarized myself with the provisions of the current National Commercial Agreement relating to Minors (in particular, Article 1605) and with the script with respect to the Role of _____ (Name of Minor). I understand that my responsibility is to ensure that the best interests of the Minor in my care prevail at all times, and I consent to assume this responsibility. I warrant that I am at least eighteen (18) years of age.

Dated at _____, this _____ day of _____, 20

Witness Signature of Parent or Guardian

Address _____ Telephone _____

APPENDIX "N" (CONT'D.)

Emergency Medical Authorization Form

This form is to be completed and signed by the Parent of a Minor Performer six (6) years of age or older.

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

Dated at _____, this _____ day of _____, 20

Witness

Signature of Parent or Guardian

Guardian Address Telephone

Phone Number