

GUARDIANSHIP AND MEDICAL AUTHORIZATION FOR MINORS

IF THE PARENT/LEGAL GUARDIAN IS ACCOMPANYING THE MINOR TO THE AUDITION, THIS FORM DOES NOT NEED TO BE FILLED OUT OR NOTARIZED.

I represent and warrant that I am the parent or court-appointed legal guardian of the child listed below. In my absence, I appoint _____, who is 21 years of age or older, to act on my behalf in any and all matters affecting the conduct, health and well-being of my child, including but not limited to, making arrangements for the proper medical or surgical care of the child and to give all required consents in connection with such care, during auditions and production of the television series currently entitled "America's Got Talent" and during mealtimes, school breaks, rest and recreation time.

(Child's Name)

(Date of Birth)

(Age)

CONTACT INFORMATION:

Parent(s) Name: _____

Home Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Alternate Phone: (____) _____ (Cell, pager, other _____)

Relationship to Child: _____

Family Doctor: _____ Dr. Phone: _____

Medical Insurance Carrier: _____ Policy No.: _____

Policyholder's Name and Relationship to Child: _____

Dental Insurance Carrier: _____ Policy No.: _____

Policyholder's Name and Relationship to Child: _____

List any and all allergies child has to food, medication, bees, etc. Please also indicate the child's blood type, epileptic condition, prescription medications:

Signature: _____

Parent or Court Appointed Legal Guardian

Date

SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)

By accepting temporary guardianship, I agree to oversee this child AT ALL TIMES in his or her parent's absence. This includes during auditions and production of the television series currently entitled "America's Got Talent" and during mealtimes, school breaks, rest and recreation time. I promise to stay with this child until a parent or other legal guardian returns.

Signature: _____
Guardian Signature _____ Date _____
SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)

NOTARIAL ACKNOWLEDGEMENT

State of _____)

County of _____)

On _____ before me, _____
(insert name and title of the officer) personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Notary Seal)