

**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 \_\_\_\_\_ (**THIRD-PARTY GUARDIAN**), 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:**

**Name of Parent/Legal Guardian 1:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Name of Parent/Legal Guardian 2:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

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 1: \_\_\_\_\_  
*\*Parent or Court Appointed Legal Guardian 1\** Date

**SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)**

Signature 2: \_\_\_\_\_  
*\*Parent or Court Appointed Legal Guardian 2\** Date

**SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)**

**[Additional Signatures on Next Page]**

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: \_\_\_\_\_  
*\*Appointed Third-Party Guardian Signature\** Date

**SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)**

**NOTARIAL ACKNOWLEDGEMENT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
*(Name and Title of the Officer)*

personally appeared \_\_\_\_\_,  
*(Name of Parent/Legal Guardian 1 and the Name of Parent/Legal Guardian 2 MUST BE WRITTEN ABOVE)*

\_\_\_\_\_,  
*(Name of Third- Party Guardian MUST BE WRITTEN ABOVE)*

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)