

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION
 OF LABOR STANDARDS ENFORCEMENT



APPLICATION FOR PERMISSION TO WORK
 IN THE ENTERTAINMENT INDUSTRY

| | | | | | | | |
|-----------------------|---------------|---------------|-------------------|---------------------|---------------|--------------------------|--|
| Name of Minor: | | | | Stage Name: | | | |
| Address | | | City | State | Zip | Home Phone Number | |
| School: | | | | Grade Level: | | | |
| Date of Birth | Height | Weight | Hair Color | Eye Color | Gender | | |

HEALTH RECORD

Complete this section if required by the DLSE

| | | |
|-----------------------|------------------------------|--------------|
| Name of Minor: | Doctor Office Address | Phone |
| Doctor Name | | Fax |

I certify that I am a licensed physician and surgeon who is Board Certified in Pediatrics or family medicine and I have carefully examined the Minor listed above.

In my professional opinion the minor:

IS IS NOT Physically fit to be employed in the entertainment industry.

For infants under one month old:

IS IS NOT at least 15 days old.

IS IS NOT Physically capable of handling the stress of working in the entertainment industry, and the infant's lungs, eyes, heart and immune system

ARE ARE NOT sufficiently developed to withstand potential risks.

WAS WAS NOT carried to full term.

WAS WAS NOT of normal birth weight.

Stamp

| | |
|-------------------------|-------------|
| Doctor Signature | Date |
|-------------------------|-------------|

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|----------------|
| Remarks |
|----------------|

STATEMENT OF PARENT OR GUARDIAN: It is my desire that a 6 Month Entertainment Work Permit be issued to the above named minor. I will read the rules governing such employment and will cooperate to the best of my ability in safeguarding the above named minor's educational, moral and physical interest.

I declare that the Health Record section of the Application for Permission to Work in the Entertainment Industry submitted herein, is a true, accurate and complete copy of the original signed by the physician, whose name appears on the application.

Under penalty of perjury under the laws of the State of California, I declare that I have read the foregoing Application for Permission to Work in the Entertainment Industry and the facts as stated on this application are true.

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|-----------------------------------|------------------|
| Name of Parent or Guardian | Signature |
| | |