

## **GUARDIANSHIP AND MEDICAL AUTHORIZATION FOR MINORS**

I represent and warrant that I am the parent or court-appointed legal guardian of the minor 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 minor, including but not limited to, making arrangements for the proper medical or surgical care of the minor and to give all required consents in connection with such care, during auditions and production of the television series currently entitled "The X Factor" and during mealtimes, school breaks, rest and recreation time.

(Minor's Name)	
(Date of Birth)	(Age)
CONTACT INFORMATION:	
Parent(s) Name:	
Home Address:	
Home Phone: ()	Work Phone: ()
Alternate Phone:()	_ (Cell, pager, other)
Relationship to Minor:	
Family Doctor:	Dr. Phone:
Medical Insurance Carrier:	Policy No.:
Policyholder's Name and Relationship to I	Minor:
Dental Insurance Carrier:	Policy No.:
Policyholder's Name and Relationship to I	Minor:
List any and all allergies minor has to minor's blood type, epileptic condition, pre	food, medication, bees, etc. Please also indicate the escription medications:
Signature: Parent or Court Appointed	d Legal Guardian Date

SIGNATURE MUST BE NOTARIZED (see attached Notarial Acknowledgement Form)

By accepting temporary guardianship, I agree to oversee this minor AT ALL TIMES in his or her parent's absence. This includes during auditions and production of the television series currently entitled "The X Factor" and during mealtimes, school breaks, rest and recreation time. I promise to stay with this minor 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 \_\_\_\_\_ (Notarial Seal)