



“Parent/Guardian Consent Form- “minors featured in the film”

Name of Child

Date of Birth Age (on 15.12.2020) _____ Years

Name of Parent/ Guardian

Relationship with the Child

Residence Address:

..... Pin code

Tel (Land Line) with state code: (.....)

Mobile: e-mail:

Does your child suffer from any medical conditions/allergies that the film director should be aware of (including any current medication)

.....
.....
.....

Emergency contact details: (If different from above)

Name: Telephone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree that my son/ daughter is taking part in the film/documentary
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand the film component in which my child will be participating.

Date:.....

Signature of the Parent/Guardian

Name:.....

Mob No.....