

REQUIREMENTS FOR A BLANKET PERMIT (ISSUED FOR TEN (10) OR MORE MINORS)

1. Completed application form.
2. Certificate of insurance for workers' compensations insurance coverage.
3. Copy of permit to employ minors in the entertainment industry (if you do not have one, you can obtain one from our offices).
4. Cover letter stating the following:
 - a. Dates minors will be working
 - b. What minors will be doing
5. Separate list of all minors being used, with their ages.
6. Completely filled out consent forms (which may be obtained from our office or our website - forms can be duplicated).
 - a. Parents/Guardians are to fully complete the top two portions of the consent form and sign it.
 - b. If they are school-age minors, the **Principal** or **Vice-Principal** may complete the bottom portion titled "**school record**" and sign it.
7. The order in which the list of minors is listed should be in the same order as the completed consent forms, **by name**.
8. The list of minors and consent forms are to be in **duplicate**.

The above information should be returned to whichever district office is going to issue the blanket permit **48 hours prior to the actual shoot time**. District office locations can be found here: <https://www.dir.ca.gov/dlse/districtoffices.htm>



STATE OF CALIFORNIA
Department of Industrial Relations
Division of Labor Standards Enforcement

**COMPLETE AND SUBMIT THIS
APPLICATION WITH PROOF OF
WORKERS' COMPENSATION
INSURANCE COVERAGE**

APPLICATION FOR PERMISSION TO EMPLOY MINORS IN THE ENTERTAINMENT INDUSTRY

Permission is requested, pursuant to the provisions of the California Labor Code and the child labor law regulations, to employ minors in the entertainment industry in work that is not hazardous or detrimental to the health, safety, morals or education of the minors

I/We agree to abide by all laws, rules and regulations covering the employment of minors in the entertainment industry.

Company Name (Please print or type)

Street Address

City

State

Zip Code

By

Print Name

Signature

Title

Telephone

Date

DLSE-281 (Rev. 7-01)
(Formerly DLLE-281)

CONSENT FORM

I HEREBY GRANT _____ THE RIGHT TO
(Name of Production Company)
EMPLOY _____ FOR AN EPISODE OF
(Child's Name) (Birth Date)
_____ WHICH IS SCHEDULED ON: _____
(Show Name) (Date)
SIGNED BY: _____ DATED: _____
(Parent / Guardian)

MEDICAL EMERGENCY

I ALSO AUTHORIZE _____ THE RIGHT TO
(Name of Production Company)
ADMINISTER MEDICAL ATTENTION TO THE ABOVE NAMED MINOR ON THE
DATE OF EMPLOYMENT, SHOULD IT BE REQUIRED:
SIGNED BY: _____, DATED: _____

SCHOOL RECORD

I CERTIFY THAT THE ABOVE NAMED MINOR MEETS THE SCHOOL
DISTRICT'S REQUIREMENTS WITH RESPECT TO AGE, ACADEMIC SCHOOL
RECORD, ATTENDANCE AND HEALTH:

NAME OF SCHOOL: _____ DATED: _____
ADDRESS: _____
(Include City, State, and Zip Code)
SIGNED BY: _____ TITLE: _____

REMARKS:
