



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
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**Application for Waiver of Child Labor Restrictions  
for Minors in Theatrical Productions**

In accordance with Massachusetts General Laws, Chapter 149, §§ 60, 86 & 104

**Please provide the following:**

Name of production company/organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Business address: \_\_\_\_\_

Contact person (*name and title*): \_\_\_\_\_

Name of play, movie or production: \_\_\_\_\_

Total number of minor(s) included in this application: \_\_\_\_\_

Company/organization has a Workers' Compensation insurance policy that covers all minors working in  
Massachusetts? Yes\_\_\_\_ No\_\_\_\_

**Signature of applicant** \_\_\_\_\_

**Name and title of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

*You must complete and submit this page and the next page for each minor.*

\_\_\_ of \_\_\_ minor(s) included in this application

\_\_\_ New Request      \_\_\_ Amendment Request

**Name of minor:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Age:**

\_\_\_ 15 days to 6 months (minors under 15 days are not authorized to work)

\_\_\_ 6 months to 2 years

\_\_\_ 2 years to 5 years

\_\_\_ 6 years to 8 years

\_\_\_ 9 years to 15 years

**Name(s) of minor's parent(s) or guardian(s):**

\_\_\_\_\_

**If the minor(s) will be working for more than 3 days, name and phone number for on-set tutor(s):**

\_\_\_\_\_

**Provide information about the performance(s) (time includes rehearsals, travel and makeup)<sup>1</sup>:**

<b>Date(s) of each performance</b>	<b>Start and finish time of each performance</b>	<b>List the location (full address) of each performances</b>	<b>Name of parent/guardian(s) who will be on-site</b>

<sup>1</sup> Attach additional sheets, if necessary.

*You must complete and submit this page with the prior page for each minor.*

Name of minor: \_\_\_\_\_

**Physician's Certificate of Health<sup>2</sup>**

<b>I hereby certify that I have made a thorough physical examination of the following named minor:</b>	
_____	
<b>and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above.</b>	
_____	_____
Signature of Physician/Nurse	Date
_____	
Name of practice or school (if signed by school health provider)	

**Parent, guardian, or custodian to sign below.**

I hereby approve the issuance of a permit for the work indicated above.	
_____	
Name of Parent, Guardian, or Custodian	
_____	_____
Signature of Parent, Guardian, or Custodian	Date

<sup>2</sup> Physician's Certification can be signed by a school health provider/nurse at the minor's school. (Physician's Certificate of Health must be signed within 12 months of the date the waiver application is presented to FLD).