

BAY COUNTY LIBRARY SYSTEM
Parent/Guardian Lock-In Permission Form

I give the child, _____, permission to attend the Library Lock-In program at:
Auburn Pinconning Sage Wirt

on _____ from: _____ to: _____
(date) (time) (time)

I understand that the doors will be locked at: _____ and that my child will not be allowed
(time)
to leave before _____ without prior signed permission from me. I also understand that if my
(time)
child becomes a discipline problem, once contacted by library staff I will be expected to immediately come to the event and pick him or her up.

This is the contact number where I may be reached during the Lock-In: _____

Parent or Legal Guardian Name (Printed): _____

Parent or Legal Guardian Name (Signature) _____ (date)

Address: _____

Home Phone: _____ Cell Phone: _____

My child has allergies (food or other) or a health condition (ex: Asthma – needs inhaler):

Another person to call in case of emergency:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

-----Optional-----

By signing the Consent for Medical Treatment form below, I give my permission as a parent or guardian of the named minor to receive emergency medical treatment.

CONSENT FOR MEDICAL TREATMENT (MINOR)

Name of Minor: _____

As the parent or legal guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent or Legal Guardian Signature: _____ (Date)