

Permission Form for After-Hours Mystery Night

My child/children: _____

_____ has/have permission to attend the After-Hours Locked-In at the Library at the Grandview Heights Public Library from 7:00 p.m.-10:00 p.m. Friday, July 14, 2017.

If photographs are taken for publicity purposes, (please check one)

- the Library has my permission to use photographs of my children
- the Library does NOT have permission to use photographs of my children

By signing this permission form, I grant the Grandview Heights Public Library permission to call for emergency assistance and for the medics to transport my child to the nearest hospital in case of medical emergency.

Parent's Name (please print) _____

Signature: _____ Date _____

Phone number: (cell) _____ (alternate) _____

Phone number where I can be reached during this activity (Friday, July 14, 2017, 7:00 p.m.-10:00 p.m.) or where other parent/guardian can be reached (if different from above)

Phone: _____

My child will leave the Lock-In by (circle one):

Walking home

I will pick them up

Going home with an adult other than myself (Name: _____ Phone: _____)

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If you have any questions, please contact:

Eileen McNeil, Manager, Teen/Youth Services Department
Grandview Heights Public Library, 1685 W. First Avenue (481-3778)

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IMPORTANT:

The library phones are turned off after hours. If you have an emergency and need to contact your child while they are at the lock-in, please call the following cell phone number and a staff member will assist you.
614-507-7744