Permission Form for After-Hours Lock-In

# My child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/have permission to attend the After-Hours Lock-In at the Grandview Heights Public Library from 7:00 p.m.-10:00 p.m. Friday, July 20, 2018.

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 20, 7:00 p.m.-10:00 p.m.) or where other parent/guardian can be reached (if different from above)

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

If you have any questions, please contact:

Rachel Rausch, Teen/Youth Services Department

Grandview Heights Public Library, 1685 W. First Avenue (481-3778)

…………………………………………………………………………………………………………………….

**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.

**Rachel Rausch: 614-361-3905**