

Parent Permission Form
Mystery Lock-In on Friday October 14, 2022 @ 6:00-9:00 p.m.

I give my teen, _____, permission to attend Oxford Public Library's **Mystery Lock-In on Friday October 14, 2022 @ 6:00-9:00 p.m.**

I understand that the doors of Oxford Public Library will be locked precisely at **6:00 p.m.** and that my teen will not be allowed to leave before **9:00 p.m.** without prior signed permission from me or unless there is an emergency. I also understand that should my teen become a disciplinary problem, I will be expected to immediately pick them up, should I be contacted to do so.

Should Library Staff need to reach me **between 6:00 and 9:00 p.m. on Friday October 14, 2022**, I will be available at the following phone number **(required)**: _____.

My teen has the following allergies (food or otherwise) and/or conditions Oxford Public Library staff should be aware of: _____

(printed name) _____ **(phone number)** _____

(parent/legal guardian signature) _____ **(date)** _____

By signing the Medical Consent Form (below), I give my permission for my teen to receive emergency medical treatment:

Consent for Medical Treatment of Minor	
Name of Minor: _____	
As parent/legal guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly-licensed Doctor of 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/Guardian Signature: _____	
Address: _____	
Primary Phone: _____	Secondary Phone: _____
<u>Another Person to Call If We Cannot Reach You:</u>	
Name: _____	Phone: _____
Relationship to Minor: _____	