**Parent Permission Form for Teen Lock-In Programs**

I give my teen, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (grade) \_\_\_\_\_\_, permission to attend Oxford Public Library’s **Lock-In** on **Friday (**date**) \_\_\_\_\_\_\_\_\_\_\_\_\_** @ **6:00-9:00 p.m.**

**I understand the following**:

* The doors of OPL will be locked precisely at 6:00 p.m. and attendees are not permitted to leave before 9:00 p.m. without prior signed permission or unless there is an emergency.
* Late arrivals will not be admitted unless said late arrival is pre-arranged with a Teen Staff Member.
* Myself or self-approved adult will be at OPL by 9:00 p.m. to pick up my teen.
* Should my teen become a disciplinary problem, I will be expected to immediately pick them up, should I be contacted and asked to do so.

**Should Library Staff need to reach me during the lock-in, I will be available at the following phone number** (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If I will not be available, a secondary contact is**: (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **at** (*phone*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*relationship to teen*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My teen has the following allergies, sensitivities, and/or conditions OPL staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(parent/legal guardian 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_