

**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:  
\_\_\_\_\_.

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(parent/legal guardian printed name) \_\_\_\_\_ (phone number) \_\_\_\_\_

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(parent/legal guardian signature) \_\_\_\_\_ (date) \_\_\_\_\_

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

<b>Consent for Medical Treatment of Minor</b>	
<b>Name of Minor:</b> _____	
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.	
<b>Parent/Guardian Signature:</b> _____	
<b>Address:</b> _____	
<b>Primary Phone:</b> _____	<b>Secondary Phone:</b> _____