

Teen Overnight Permission Form

<i>Drop Off</i>	9:00pm, Thursday, July 19 th 2018 (5:30pm if participating in Teen Night)
<i>Where</i>	Freedom Public Library
<i>Pick Up</i>	9:00am, Friday, July 20 th 2018

Please return this form by **Saturday, July 14th 2018, 1pm**

<i>Name of Teen(s)</i>			
<i>Name of Parent/Guardian</i>			
<i>Home Phone Number</i>		<i>Cell Phone Number</i>	
<i>Email address</i>			

<i>Name of additional Emergency Contact</i>		<i>Phone Number</i>	
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I, the parent or legal guardian of the teen(s) named above, give permission for my teen(s) to attend the Teen Overnight at the Freedom Public Library on July 19th, 2018. I will be available by phone and in the area during the above-listed times.

I understand that personal injury can and may occur to my teen(s), and I hereby authorize **Chris Libby, Assistant Librarian**, or another appointed teen advisor, to seek and consent to emergency medical attention for my teen(s) as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

<i>Name and dosage of any prescription medications your teen(s) will need to take during the overnight</i>	
<i>Please list any known allergies for your teen(s)</i>	
<i>Please list any dietary restrictions for your teen(s)</i>	
<i>Are there any other issues of which we need to be aware?</i>	

Please use the reverse for more space if necessary

I hereby release the **Freedom Public Library**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my teen(s) while participating in this event. I understand that my teen(s) shall not leave the event without authorization.

I agree to accept full responsibility, financially or otherwise, for any damage my teen(s) may do to the property of the **Freedom Public Library**, or other's personal property.

I agree and consent to all of the above stated.

<i>Signature of responsible Parent/Guardian</i>		<i>Date</i>	
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