

# St. Joseph Public Library

## EVENT CONSENT FORM

Please fill out one form per family. Consent form must be completed by legal parent or guardian prior to lock-in participation.

Participant's Name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

E-mail Address : \_\_\_\_\_

Age(s) (while attending): \_\_\_\_\_

Grade(s) in School: \_\_\_\_\_

### PARENTS PLEASE SIGN

I, the undersigned parent/guardian of this(these) minor child(ren), give permission for participation in the overnight Lock-In.

I give permission for my child(ren)'s picture(s) to be taken to be used for library promotion, in print & online. I give permission for my child(ren) to view movies that may be rated for an older audience, if deemed appropriate by library staff. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical treatment by a licensed physician in the case of an emergency.

\_\_\_\_\_  
(Sign Here)

Date: \_\_\_\_\_

## HEALTH & PARENT CONSENT FORM

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency, whom should we notify if we cannot reach you?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Are there any allergies or other physical needs/limitations that we should be aware of? \_\_\_\_\_

Please list any prescription medication (and dosage information) to be taken by the participant. Please list any over-the-counter medication you do NOT want dispensed to your child: \_\_\_\_\_

\_\_\_\_\_

# WAIVER & AGREEMENT FORM

- ◆ All youth must sign indicating their agreement to these rules.
- ◆ Unless other arrangements are made with a parent/guardian, each child is expected to stay the entire night, and will only be released to their parent or guardian.
- ◆ No one is allowed to attend the lock-in without a signed permission slip and contact numbers.
- ◆ Lock-in participants will not be allowed to go out side of the library or venue without adult supervision, and if this rule is broken, the parent will be called and expected to pick up their child, regardless of the hour.
- ◆ No illegal drugs, alcohol, dangerous materials, pocket knives or firearms.
- ◆ All lock-in participants must respect others' physical boundaries. Inappropriate behavior (i.e. physical intimacy or sexual harassment) is not permitted.
- ◆ It is expected that all lock-in participants (youth and adults) will participate in the program. Adequate free time will be scheduled for socializing. **USE OF CELL PHONES & ELECTRONIC DEVICES MAY BE RESTRICTED BY ADULT LEADERS DURING THIS EVENT.** You are welcome to leave cell phones/devices at home.
- ◆ Violation of these rules will result in disciplinary action and may include the participant being asked to leave the lock-in. Parents will be called to pick them up.
- ◆ Be considerate and respectful of other participants and leaders.
- ◆ Be respectful of the library building and materials.
- ◆ **CLEAN UP AFTER YOURSELF.**

The understand that the enforcement of these lock-in rules is everyone's responsibility. I have read the above rules and agree to abide by them.

Lock-in Participant(s):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian:

Signature: \_\_\_\_\_