

**BAY COUNTY LIBRARY SYSTEM**  
**Parent/Guardian Lock-In Permission Form**

I give the child, \_\_\_\_\_, permission to attend the Library Lock-In program at:  
Auburn  Pinconning  Sage  Wirt

on \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
(date) (time) (time)

I understand that the doors will be locked at: \_\_\_\_\_ and that my child will not be allowed  
(time)  
to leave before \_\_\_\_\_ without prior signed permission from me. I also understand that if my  
(time)  
child becomes a discipline problem, once contacted by library staff I will be expected to immediately come to the event and pick him or her up.

This is the contact number where I may be reached during the Lock-In: \_\_\_\_\_

Parent or Legal Guardian Name (Printed): \_\_\_\_\_

Parent or Legal Guardian Name (Signature) \_\_\_\_\_ (date)

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

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

My child has allergies (food or other) or a health condition (ex: Asthma – needs inhaler):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Another person to call in case of emergency:

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

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

-----Optional-----

**By signing the Consent for Medical Treatment form below, I give my permission as a parent or guardian of the named minor to receive emergency medical treatment.**

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

Name of Minor: \_\_\_\_\_

As the parent or legal guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or 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 or Legal Guardian Signature: \_\_\_\_\_ (Date)