

**JEAN WATERLOO LENOX TOWNSHIP LIBRARY  
PROGRAM PERMISSION SLIP**

Today's Date: \_\_\_\_\_

I, as Parent or Guardian, Give Permission for \_\_\_\_\_  
(Minor's First & Last Name) to Participate In:

**Boys' Night Out: Friday, May 27 @5PM-9PM**

I understand that my child/ward will be obliged to abide by the Library Rules of Conduct while participating in this program. As the program entails being in the library after business hours, participants will be expected to abide by all instructions given by staff members leading the program. Participants who repeatedly violate the rules and/or exhibit disrespectful behavior towards staff or other participants will have their parent/guardian contacted and will be required to leave the program.

Please be aware that children participating in this event may be filmed and photographed. Film and photographs of the event may be posted on Lenox Township Library's website, Facebook page, and other social media platforms.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Known allergies: \_\_\_\_\_

Medications (including inhalers): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Primary Telephone # \_\_\_\_\_

Secondary Telephone # \_\_\_\_\_

Emergency Contact (other than yourself) \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_