

Brighton District Library Permission Form

To: Parent/Legal Guardian

From: Brighton District Library

Your written permission is required for the after-hours library program described below:

Program: *Escape Room: Fantastic Beasts Edition*, for ages 9-12. Doors will remain open for program participants from 5:50pm until 6:15pm for entry. Library doors will be locked between 6:15pm and 7:30pm for activities, and will reopen at 7:30pm.

Advanced registration and signed permission forms are required for all participants.

Date: Friday, June 16, 2017

Time: 6:00-7:30pm

Location: 100 Library Drive, Brighton MI, 48116

Phone number staff can be reached at *in case of an emergency* during the program:

810-229-6571 ext. 208 or 232

Participants will be dropped off and picked up at the start and end times by the Designated Person named below by the Parent or Legal Guardian of the participant.

Participants will be supervised by Library Staff at all times.

Please complete the statement below.

Participants must present a completed permission form to be admitted to the program.

Parental Consent

I, the undersigned parent or legal guardian of _____, do hereby grant permission for this child to attend the program outlined above.

Signed: _____ Date: _____

Address: _____

Phone: _____

Phone number where you may be reached *during the program*: _____

Name of person who will be picking up the participant: _____

Phone number of the person who will be picking up the participant: _____

Medication Needs

Does your child have an allergy/medical problem of which we should be aware?

Yes No

If yes, please explain treatment needed: _____