

# 1008 - Child Parent Release Form

Date Policy Approved:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

## Permission to Attend

Activity/Event \_\_\_\_\_

At \_\_\_\_\_  
Branch/Location

On \_\_\_\_\_  
Date(s) of Event

Librarian in Charge \_\_\_\_\_

### Conditions:

1. The parent or guardian and child will assume the liability of the child's participation in the program.
2. Extra security patrol will be provided during the event.
3. Good behavior is a must or the parent or guardian will be contacted to pick up their child.
4. The child will not leave the premises while attending the event, unless with parent or guardian.

Does your child have any special allergies or health problems or is on any special medication of which we should be aware?

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

### Medical Emergencies:

I/We authorize DeSoto Parish Library representative in charge of the program to seek medical treatment for my child. I/We have read and understand the information above and accept the designated responsibilities.

\_\_\_\_\_ Granted \_\_\_\_\_ Denied

Child's Signature \_\_\_\_\_

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

Emergency phone numbers to contact in case of an emergency:

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Child Signature \_\_\_\_\_ I promise to be on my best behavior while attending this special event.

*Parents should direct questions concerning the activity to the DeSoto Parish Library at 872-6100.*