

Matawan-Aberdeen Public Library Teen Lock-In Permission and Release Form

Teen's name: _____ Age: _____

Name of Parent or Guardian _____

Address: _____

Phone: _____

Please provide any additional information about your teen that may be helpful (allergies, medication, dietary needs).

I give permission for my teen to attend the Matawan-Aberdeen Public Library Teen Lock-In on Friday, October 21st from 6:30-10:30PM. I understand that if my teen is not behaving in a manner appropriate to the objective of the Lock-In, I may be contacted prior to the end time of 10:30PM. I agree that if contacted to pick up my teen, that I will come to the Library and take my teen home.

If my teen should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed. It is understood that I (the undersigned parent or guardian) will be responsible for the expenses incurred in the event of such treatment.

Signature or Parent or Guardian

Date

Please return permission slip to a librarian in the Children's room no later than 9PM Wednesday, October 19th. Registration for the Lock-In is also required and is available online @ www.matawanaberdeenlibrary.com.