

Boulder Junction Public Library - CHILDREN'S PERMISSION SLIP

Date _____

I, _____, give permission for my child, _____ to participate in Boulder Junction Public Library Children's Programs, including the after-school reading program and early release fun days.

Child's age: _____

Address Street, City, State, ZIP:

Home Telephone No.: _____ Cell Phone No.: _____

Emergency Contact Phone No. _____

Signature: _____

The following individuals (relative, neighbor, friend) have permission to pick up my child. Also, if I cannot be reached in the event of illness or injury, please contact the following individuals in the order listed. (The persons listed must be able to provide transportation and be at least 18 years of age. Please have the person's permission before you list her/him.)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

List any allergies or medications my child may need during this time:

I, _____, give permission to the Boulder Junction Public Library to make or use pictures, slides, digital images, or other reproductions of me, of my minor child _____, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Boulder Junction Public Library.

Signature:
