



**Stillwater Public Library**  
**Library Lock-In: Friday, March 17, 7:30-11 pm**  
**Permission Form for ages 13+ attending without a parent or guardian**

*Teens 13 and up can attend without a parent or guardian, but only if they return this form prior to or upon entry to the event. Unattended teens must stay for the duration of the event unless they have a parent pick them up early. Teens will need to have a ride available to pick them up at 11 pm, unless they are 16+ and they have permission via the form to drive themselves.*

**TEEN INFO**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/GUARDIAN INFO**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFO (IF OTHER THAN PARENTS LISTED ABOVE)**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**WHO IS PICKING UP?**

Parent/guardian above     Other (name) \_\_\_\_\_

*\*If 16+ and driving themselves check box on permission slip below*

**HEALTH INFORMATION**

List any allergies, dietary restrictions, medications, or other relevant health info:

\_\_\_\_\_

**EMERGENCY AUTHORIZATION**

I hereby give permission for the Stillwater Public Library staff to call for medical assistance for my child if I cannot be reached. I understand that I will assume responsibility for medical expenses incurred by my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO PARTICIPATE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby consent that such child may participate in the Stillwater Public Library lock-in, and in consideration for the Stillwater Public Library giving its time and supervision of such activity, do hereby personally on behalf of my child, release and discharge the Stillwater Public Library, its officers, employees, agents and volunteers from any claim of personal injuries which might be sustained by my child while participating in such activities. I understand that my child will be expected to follow a code of conduct to participate in the stated activities, and that, in the event of inappropriate behavior by my child, I may be contacted and asked to pick them up. I am aware that my child will be supervised by a Library staff member, but may not be in the presence of the staff member at all times.

*\*My child is 16 years or older and has a valid Oklahoma Driver’s license and will be driving themselves to and from the program and I give them permission to do so by checking this box:*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO PHOTOGRAPH**

I give permission for the Library to use photographs of my child to promote the library on social media, on the library website and in local newspapers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION FORMS CAN BE EMAILED OR RETURNED TO THE HELP DESK AT THE STILLWATER PUBLIC LIBRARY.**

Stillwater Public Library  
1107 S. Duck St.  
Stillwater, OK 74074  
Questions? Call (405) 372-3633 x8106  
Email forms to askalibrarian@stillwater.org