

Lock-in Permission Slip

I grant my permission for _______ to participate in the Teen Lock-in on **Saturday, March 19 from 5:30 – 11:30 PM** at the Cozby Library and Community Commons, 177 N. Heartz Rd., Coppell, TX. Participating teens must be in $6^{th} - 12^{th}$ grade. Permission slip must be submitted by Friday, March 18th at 5:00 PM at the library's front desk OR via email to cozbyprograms@coppelltx.gov.

By signing this permission form, I agree to the following:

- Arrival window is 5:30 6 PM. The doors will be locked at 6 PM. Late arrival is not allowed.
- <u>Pickup time is 11:30 PM.</u> If I do not pick up my teen in a timely manner and I cannot be reached by phone, staff must contact the Coppell PD for assistance.
- I must provide a contact number where I can be reached in case of emergency.
- Teens MUST behave according to library guidelines. If unacceptable behavior occurs, I understand staff must contact me for early pickup.
- I give my permission for my teen to watch G/PG movies during the lock-in.
- I give the library permission to take photos and record videos of my teen during the event and use them to promote the library, its programming, and services.

For pick up, my teen will:

\Box Drive themselves \Box H	Ride home with parent/guardian
Parent/Guardian Signature	:Date:
Parent Cell:	Parent Alt Phone:
medication, dietary needs)	rmation that might be necessary (allergies, emergency/as needed
MEDICAL RELEASE I	NFORMATION
Child's Name:	Parent/Guardian Name:
Address:	

Main Phone Number: ______ Alt. Phone Number: _____

In the event of an emergency where medical attention is required, I hereby grant permission to the library staff to obtain services from a licensed physician or emergency medical services.

Parent/Guardian Signature: _____ Date: _____