



Medina County District Library Permission Slip

Medina County District Library is offering

Event _____ Date _____ Time _____

Location _____

I understand my child will be participating in a special library event and I grant them permission to participate in all activities. I also agree to pick up my child promptly by _____.

I understand this is a library-sponsored event and photos may be taken during the event that may appear on MCDL social media, local news outlets, or in printed MCDL materials.

I understand my child will receive rules and be asked to follow them by library staff and/or volunteers. If my child is unable to follow the rules and policies of the MCDL, I understand that MCDL staff has the right to ask my child to leave the event, in which case I will be notified by phone and expected to pick them up immediately.

I assume all risks of bodily injury to my child and give permission for him/her to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury, and for licensed medical staff to take emergency measures as they deem appropriate. In the event of an emergency, MCDL staff will call 9-1-1.

I understand my child is responsible for his/her/their own belongings and personal property should anything be lost or damaged during this event.

Detach and return bottom portion

Permission Slip

Event _____ Date _____ Time _____

Location _____

Minor's Name (please print) _____
has my permission to attend the event listed above.

I have read and agree to abide by the above guidelines. I understand Medina County District Library is not responsible for any accidents or injuries that may occur.

I also agree to pick up my child promptly by _____.

Parent/Guardian's Name (please print) _____

Emergency Phone Number _____

Parent/Guardian's Signature _____ **Date** _____