

**the  
SUMMIT**

GRADES 7-12

# LIBRARY LOCK-IN!

**OVERNIGHT SLUMBER PARTY!**

**SAT, MAY 18 & SUN, MAY 19**  
**7:30 PM - 11:00 AM**

**BRING PAJAMAS & SLEEPING BAGS**

THERE WILL BE:  
GAMES & ACTIVITIES  
SPAGHETTI DINNER  
SLEEP OVER IN LIBRARY  
CRAFTS  
MOVIE  
BREAKFAST PROVIDED

**PICK UP  
NO LATER  
THAN 11AM  
SUNDAY**

PERMISSION SLIP ON BACK OF FLYER REQUIRED



989.732.5841  
CALL WITH QUESTIONS

# Otsego County Library

## Lock-in Permission Slip

I grant my permission for \_\_\_\_\_ to participate in the Library Lock-in beginning Saturday, May 18<sup>th</sup> at 7:30pm and ending Sunday, May 19<sup>th</sup> at 11:00AM at the Otsego County Library, 700 S. Otsego Ave, Gaylord, MI. Teens must be attending high school or middle school (7th-12th grade). Permission forms must be turned in before or at drop-off.

By signing this permission form, I understand the following:

\_\_\_ My teen must arrive between 7:30 PM and 8 PM. At 8 PM the doors will be locked and late arrivals will not be permitted inside.

\_\_\_ I will be called if my teen does not arrive at the event before 8 PM.

\_\_\_ I must provide a contact number where I can be reached during the lock-in in case of emergency.

\_\_\_ My teen will not be permitted to act in a manner deemed unacceptable by the library staff or chaperones. I will be called if there is any unacceptable behavior regardless of the time.

\_\_\_ My signature below also gives permission for my teen to watch PG/PG-13 movies during the lock-in.

\_\_\_ My signature below also gives the library permission to take photos of my teen during the event and use them to promote the library, its programming, and services.

My teen will get home by: \_\_\_ Walking \_\_\_ Driving \_\_\_ Parent

\_\_\_ Riding with: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Cell:** \_\_\_\_\_

**Alt Phone/Contact Name:** \_\_\_\_\_

### MEDICAL INFORMATION

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 call 911 at parents/guardians expense.

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

**Please List any known allergies and any medication your child may bring with them:**

\_\_\_\_\_

**Please notify staff if we need to hang on to the following medications:**

\_\_\_\_\_

**Any additional information:**