

Teen After-Hours Permission Slip

 Grades 8th-12th

Comstock Township Library

**Completed permission slips must be returned to the Youth Services desk prior to the after-hours event or at event drop-off. No minors will be able to attend the after-hours event without this permission slip completed and signed by parent/guardian.**

Teen’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any information about your teen that might be helpful (allergies, medication,

dietary needs).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my teen to attend the Teen After-hours – Murder Mystery Party at the Comstock Township Library **on Saturday February 22, 2025 5:00-8:00pm. I understand that my teen will not be** **allowed to exit and re-enter the program, that anyone arriving after 5:00pm will not be admitted, and** **that I must pick up my teen from the Library promptly at 8:00 pm.**

While noise level rules will be more relaxed, standard rules of conduct still apply. I understand that if my teen is not behaving in a manner compliant with the Library’s Code of Conduct (visit our website to view the full document: <https://www.comstocklibrary.org/policies.asp> ), I may be contacted prior to the end time. I agree that if contacted to pick up my teen, that I will promptly come to the Library and take my teen home. I assert that my teen is between the ages of 13 and 19. I agree not to hold the Comstock Township Library responsible for any accidents or mishaps which may involve my teen. If my teen should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed.

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

**For teens to enter the library after hours, this form must be completed and signed by their legal guardian or parent.**

Questions? Contact Traci at traci@comstocklibrary.org or 269-345-0136