

**Watkins Glen Public Library
2024 Summer Learning Program
Parent/Guardian Consent Form**

****Fill out ONE form for all your children. Please list all names on this page.***

I, _____, am the parent or legal guardian of

_____.

I give permission for them to participate in the Watkins Glen Public Library's 2024 Summer Learning Program.

By signing below you agree to the following:

The library may take general photos of the student to use on the website, social media accounts, and newsletters associated with the library when sharing information about programs and events.

The student, if over the age of 8, may use the library's public computers and Internet.

In the event of an emergency, library staff may call 911, if necessary, before notifying the emergency contact.

Does the child have any allergies? If so, do they require medications or immediate treatment such as an EPI pen?

Emergency Contact Information

First and Last Name: _____

Relationship: _____ Phone Number: _____

Parent/Guardian Signature Date