Alexandria Public Library
Authorization Form

Please CIRCLE all programs participating in:

Books, Friends, Fun (BFF)	**Toddler Time**
Kids' Movie Day	**Story Time**
Teen Café	**Come, Sit & Read**
Teen Movie	**Other Teen Program**

Child's Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Cell: _____

Parent/Guardian Name: _____ email: _____

Emergency Contact: _____ Emergency phone: _____

Please list any food items you prefer your child not be given when snacks are shared during the program (i.e. sweets): _____

Part I: To Grant Consent

In the event reasonable attempts to contact me or a secondary parent/guardian at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr._____ at _____(phone number), or in the event the designated preferred practitioner is not available, by another licensed physician; and
2. The transfer of the child to _____ (preferred hospital and phone number) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted:

_____

_____ _____

Date Signature of parent or guardian

Part II: Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish NO action to be taken OR to: _____

_____ _____

Date Signature of parent or guardian

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Part III: Permission to Publish Photographs of Your Child

I grant consent for photographs of my child participating in Library functions to be published in community newspapers, Library newsletters, and /or on the Library's website or Library's social networking page(s). I understand that photographs published in print or on the internet will not have a reference to my child's name.

_____ _____

Date Signature of parent or guardian

Part IV: Refusal to Publish Photographs of Your Child

I do **NOT** give my consent for my child's photograph to appear in community newspapers, Library newsletters, and/or on the Library's website.

_____ _____

Date Signature of parent or guardian