East Kingston Public Library
After-School Program Permission Slips

I, _____, give permission for my child,
(Parent/Guardian Name)

_____, to ride bus #24 to the East Kingston Public Library.
(Child's Name and Age)

Parent's Signature: _____ Date: _____

Allergies: _____ Medication: _____

Parent Contact:

Phone (Home): _____ Phone (Cell): _____

Email: _____

Pickup:

Please list those who are responsible for picking your child up at or before Library closing time.

Please Note: No one else will be able to pick up your child without the proper notice.

Pickup Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Pickup Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Pickup Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Records will be kept at the East Kingston Public Library. If any information changes, please fill out another permission slip and notify the Library.

Please see our *Child Safety and Unattended Children Policy* for more details, available on our website.

East Kingston Public Library
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