



**Pinedale Library Afterschool Youth (PLAY) Activities  
Permission Slip**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Best Number to call between 3-5pm \_\_\_\_\_

**Permission**

I give my child permission to participate in the Pinedale Library Afterschool Youth (PLAY) Program at the Sublette County Library. I have listed emergency contacts and have provided the program with any noteworthy medical information regarding my child.

I understand that all children are expected to stay for the whole program. If a child needs to leave prior to 5:00 p.m., a parent note is required. If a child does not attend or leaves early, parents will be notified.

I understand that the program ends at 5:00 pm. My child will get home from the program by: *(check one)*

getting a ride from a parent or guardian

walking home

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Noteworthy Medical Information:**

**Emergency Contacts**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_