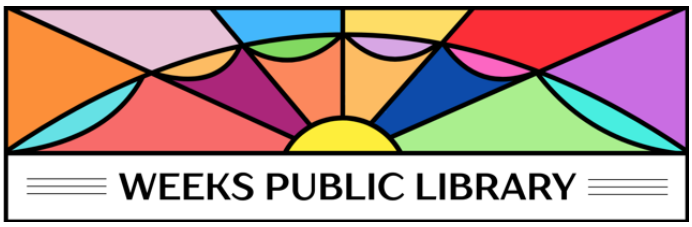

Informed Consent Form for Minor(s) or other Authorized Designees

1. _____

2. _____

3. _____

4. _____

The above-named Child(ren)/Minors or Authorized Designees have my permission as Parent(s)/Legal Guardian(s) or account owner to borrow materials from the Weeks Public Library using my Library Card and Patron Number. I acknowledge that I have been informed that I will be held responsible for any financial charges or penalties that may be incurred by the above-named for lost or damaged materials.

By my signature, I attest that I have parental and/or legal guardianship rights for and over this/these child(ren) and have provided the Weeks Public Library with legal documentation to that effect.

The Children/Minors or Authorized Designees named above understand and acknowledge to the best of their ability that the Parent(s)/Legal Guardian(s) named have full access to any history of borrowed materials from the Library showing in the Library's circulation system.

Any changes or alterations in the authorization permitted herein must be initiated by the signatory on this form in writing to Library staff.
Signatory holds the Weeks Public Library and its staff harmless in all events resulting from changes or alterations to permissions that are not recorded at the Library on an updated Informed Consent.

You will be given a copy of this signed Informed Consent Form when completed.

Print Name of Parent/Guardian/Patron _____

Signature of Parent/Guardian/Patron_____

Date _____
Day/month/year

I have witnessed the accurate reading of the consent form to the parent of the Minor(s) or other Authorized Designee, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____

Signature of witness _____

Date _____
Day/month/year