PARENTAL CONSENT FOR USE OF LIBRARY CARD BY MINOR

EMAIL OF PARENT/GUARDIAN	
ADDRESS OF PARENT/GUARDIAN	
PARENT NAME (PLEASE PRINT)	PHONE OF PARENT/GUARDIAN
	() -
PARENT SIGNATURE (FOR CHILDREN AGES 5-17)	DATE
I have been informed in reviewing this consent form the access the collection development policy of Library und Regulations and that it is my responsibility to review the	der 15 CSR 30-200.015, of Missouri State
I do not provide consent for my Child to check o including internet access, without a parent, guard	-
I provide consent for my Child to check out continuous including internet access.	ent and utilize Library resources,
PLEASE CHOOSE ONE OF THE FOLLOWING:	
I understand that Library staff, directors, or other official supervisory duty over my Child and that it is my respon consumption of content, in any and all forms.	
I (Printed Name) am the Pawhose name is (Child) I am granting access to the content at Missouri River Region materials of books, periodicals, databases, websites, or both fiction and nonfiction written information and that other interactive portions of content.	aware that such child has a library card al Library, which may include print or electronic the like and that such information may include



(573) 634-2464 (#) www.mrrl.org







