Parental/Guardian Authorization Form for Chaperoned Teens

**Program name**: Adoptagram Shelter Visit

**Destination**: 102 Old Riverhead Rd W, Hampton Bays, NY 11946

**Date/Time of event**: November 16th, 2024, 12:30-2pm

**Description of event**: We will be going to the animal shelter to learn about the shelter itself and use social media skills to promote awareness and adoptable animals. A smart device will be required, please make sure they are fully charged. In the event you do not have one, please let the library know ahead of time.

*\*This form must be completed and returned before the teen*

*will be permitted to participate in the above-mentioned trip.*

Detach and Return

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**Program name**:

I/We authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the above-mentioned   
 [Teen’s first and last name]  
program.

Telephone Number (include area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (name, relation, number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A PARENT OR GUARDIAN MUST BE PICKING YOU UP OR DROPPING YOU OFF IF YOU ARE NOT DRIVING YOURSELF. LIST WHO WILL BE PICKING YOU UP.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent(s) or Guardian(s) Date