

**Antigo Public Library**  
617 Clermont St.  
Antigo, WI 54409



**Parental Consent form for a Minor to use the Public Internet Computers**

**PLEASE PRINT CLEARLY. COMPLETE ALL INFORMATION**

Name of Minor: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Mailing Address: \_\_\_\_\_  
Street, RR/Fire Number or P.O. Box

\_\_\_\_\_  
City/Village State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Please ck here if this is a cell phone: \_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

**Required:** Guardian's Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

If Guardian has no Driver's License, then Guardian's WI ID No. or alien green card no.: \_\_\_\_\_

**PERMISSION FOR MY MINOR TO USE THE LIBRARY'S INTERNET COMPUTERS:**

\_\_\_\_\_ (please print child's name if under 18 years of age) has my permission to access the Antigo Public Library's Internet Computers. I understand that as a parent or legal guardian, it is my responsibility to monitor my child's use of Internet resources, and it is my responsibility to ensure that my child complies with the Library's Computer Use Policy. I agree to hold harmless and save the Antigo Public Library, its employees, agents and Board, and the City of Antigo, its employees and agents from any claim arising out of my child's use of the Library's Internet access.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The library's Computer Use Policy is attached. Please read it and keep it for your records.