

EDITH B. FORD MEMORIAL LIBRARY

PARENT/GUARDIAN PERMISSION For INTERNET USE BY YOUTH 16 and UNDER

As the Parent/Legal Guardian of _____, who is a Youth that is age 16 or younger, I give permission for him/her to use the Personal Access Computers at the Edith B. Ford Memorial Library in Ovid, NY. I understand that these computers provide access to the Internet.

In addition, I will sign the attached Edith B. Ford Memorial Library *Internet & Computer Use Policy and Rules* and review them with my Youth. All users of Public Access Computers and Internet connections in the Library must adhere to these Policy/Rules.

I understand that the Edith B. Ford Memorial Library maintains that parents/guardians --- and only parents/guardians --- have the right and the responsibility to restrict the access of their children --- and only their children ---- to Library resources. The Library staff will not act in the place of parents/guardians in regulating the use of computers and Internet access.

The Internet is a rich and powerful educational tool. Children and Youth need to learn to use it effectively to prepare for career and family responsibilities that they'll face as adults. However, parents/guardians need to be aware that the Internet is an unregulated source of information. Therefore, not all Internet sources provide accurate, complete, or up-to-date information. Some Internet sites include materials that are offensive.

Attached is a pamphlet for parents/guardians to use as a guide in teaching their Youth about safe Internet use. Please review this carefully with your Youth, and give them direction as to how you want them to use the Internet. Teach your Youth how to protect their privacy while using the Internet.

SIGNATURE(S)

As the parent(s) or legal guardian(s) of _____,
(Print Name of Youth)

I give my permission for him/her to use the Public Access Computers and Internet connections at the Edith B. Ford Memorial Library in Ovid, NY. This permission will be valid until revoked by me in person with a member of the Library staff.

(Print name of parent/guardian)

(Signature) (Date)

(Print name of parent/guardian)

(Signature) (Date)

(Phone of parent/guardian)

(Phone of parent/guardian)

Copies to:
Library files
Parent/Guardian