

Salem Free Public Library, 264 Hartford Road, Salem, CT
06420 860-859-1130

Program Attendance Permission Slip

I give permission for my child, _____,
to participate in the _____ program
at the Salem Free Public Library on _____.

I understand that The Salem Free Public Library, nor The
Friends of the Salem Free Public Library, nor The Town of
Salem, nor any of its employees will be held responsible
for any harm that could result from participation in this
event.

Signature Parent/Guardian: _____

Phone: _____

Date: _____